

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 02, 2008 8:00 am**  
**Secretary of State**

04-02-2008 90017 044 \*\*\*\*70.00

**DOCUMENT # N13749**

1. Entity Name  
**THE ASTRONAUTS MEMORIAL FOUNDATION, INC.**



Principal Place of Business  
**THE CENTER FOR SPACE EDUCATION  
 MAIL COD AMF  
 KENNEDY SPACE CENTER, FL 32899 US**

Mailing Address  
**THE CENTER FOR SPACE EDUCATION  
 MAIL CODE: AMF  
 KENNEDY SPACE CENTER, FL 32899 US**

**40056581**



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

03132008 Chg-NP CR2E037 (12/06)

City & State

4. FEI Number  
**59-2637266**

Applied For  
 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

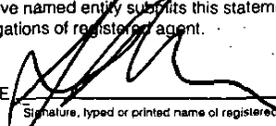
**6. Name and Address of Current Registered Agent**

**FELDMAN, STEPHEN  
 S.R. 405  
 BLDGE. M6-306  
 KENNEDY SPACE CENTER, FL 32899**

**7. Name and Address of New Registered Agent**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **Stephen Feldman, President** **3/14/08**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25  
 Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make check payable to  
 Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C POTTER, WILLIAM C 3305 CALLE DE MAR MELBOURNE, FL 32904	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC MEANS, MICHAEL D 6450 S US HWY ROCKLEDGE, FL 32955	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HONEYCUTT, JAY F 3165 N ATLANTIC, RH # 1 COCOA BEACH, FL 32931	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FELDMAN, STEPHEN DR ASTRONAUTS MEMORIAL FOUNDATION, M/C AMF KENNEDY SPACE CENTER, FL 32899	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DOSHIER, ALAN J NORTHROP GRUMMAN, PO BOX 9650 MELBOURNE, FL 32902	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C Doshier, Alan J. 136 Lansing Island Dr. Indian Harbour Beach, FL 32937	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC McCulley, Michael J. 100 Yacht Haven Dr. Cocoa Beach, FL 32931	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Witek, Nick 100 Eyster Blvd., #201 Rockledge, FL 32955	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S McNeight, Richard 146 Windward Way Indian Harbour Beach, FL 32937	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**  **Stephen Feldman, President** **3/14/08** **321-452-2887**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #