


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

<b>DOCUMENT # N13749</b> 1. Entity Name <b>THE ASTRONAUTS MEMORIAL FOUNDATION, INC.</b>					
Principal Place of Business <b>THE CENTER FOR SPACE EDUCATION</b> <b>MAIL COD AMF</b> <b>KENNDY SPACE CENTER, FL 32899 US</b>			Mailing Address <b>THE CENTER FOR SPACE EDUCATION</b> <b>MAIL CODE: AMF</b> <b>KENNEDY SPACE CENTER, FL 32899 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-2637266</b>	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>FELDMAN, STEPHEN</b> <b>S.R. 405</b> <b>BLDGE. M6-306</b> <b>KENNEDY SPACE CENTER, FL 32899</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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		<b>Stephen Feldman, President</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		<b>3/14/08</b> <small>DATE</small>	
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	C	<input checked="" type="checkbox"/> Delete	TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>POTTER, WILLIAM C</b>		NAME	<b>Doshier, Alan J.</b>	
STREET ADDRESS	<b>3305 CALLE DE MAR</b>		STREET ADDRESS	<b>136 Lansing Island Dr.</b>	
CITY-ST-ZIP	<b>MELBOURNE, FL 32904</b>		CITY-ST-ZIP	<b>Indian Harbour Beach, FL 32937</b>	
TITLE	VC	<input checked="" type="checkbox"/> Delete	TITLE	VC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MEANS, MICHAEL D</b>		NAME	<b>McCulley, Michael J.</b>	
STREET ADDRESS	<b>6450 S US HWY</b>		STREET ADDRESS	<b>100 Yacht Haven Dr.</b>	
CITY-ST-ZIP	<b>ROCKLEDGE, FL 32955</b>		CITY-ST-ZIP	<b>Cocoa Beach, FL 32931</b>	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HONEYCUTT, JAY F</b>		NAME	<b>Witek, Nick</b>	
STREET ADDRESS	<b>3165 N ATLANTIC, RH # 1</b>		STREET ADDRESS	<b>100 Eyster Blvd., #201</b>	
CITY-ST-ZIP	<b>COCOA BEACH, FL 32931</b>		CITY-ST-ZIP	<b>Rockledge, FL 32955</b>	
TITLE	DP	<input type="checkbox"/> Delete	TITLE		
NAME	<b>FELDMAN, STEPHEN DR</b>		NAME		
STREET ADDRESS	<b>ASTRONAUTS MEMORIAL FOUNDATION, M/C AMF</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>KENNEDY SPACE CENTER, FL 32899</b>		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DOSHIER, ALAN J</b>		NAME	<b>McNeight, Richard</b>	
STREET ADDRESS	<b>NORTHROP GRUMMAN, PO BOX 9650</b>		STREET ADDRESS	<b>146 Windward Way</b>	
CITY-ST-ZIP	<b>MELBOURNE, FL 32902</b>		CITY-ST-ZIP	<b>Indian Harbour Beach, FL 32937</b>	
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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		<b>Stephen Feldman, President</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>3/14/08 321-452-2887</b> <small>Date Daytime Phone #</small>	