

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13749

FILED
Apr 20, 2009
Secretary of State

Entity Name: THE ASTRONAUTS MEMORIAL FOUNDATION, INC.

Current Principal Place of Business:

THE CENTER FOR SPACE EDUCATION
MAIL COD AMF
KENNDY SPACE CENTER, FL 32899 US

New Principal Place of Business:

THE CENTER FOR SPACE EDUCATION
S.R. 405, BLDG. M6-306
KENNDY SPACE CENTER, FL 32899 US

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-2637266 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

FELDMAN, STEPHEN
THE CENTER FOR SPACE EDUCATION
S.R. 405, BLDG. M6-306
KENNEDY SPACE CENTER, FL 32899 US

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.

SIGNATURE:

04/20/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: DOSHIER, ALAN J
Address: 136 LANSING ISLAND DR.
City-St-Zip: INDIAN HARBOUR BEACH, FL 32937

Title: VC () Delete
Name: MCCULLEY, MICHAEL J
Address: 100 YAHT HAVEN DR
City-St-Zip: COCOA BEACH, FL 32931

Title: T () Delete
Name: WITEK, NICK
Address: 100 EYSTER BLVD 201
City-St-Zip: ROCKLEDGE, FL 32955

Title: DP () Delete
Name: FELDMAN, STEPHEN DR
Address: ASTRONAUTS MEMORIAL FOUNDATION , M/C AMF
City-St-Zip: KENNEDY SPACE CENTER, FL 32899

Title: S () Delete
Name: MCNEIGHT, RICHARD
Address: 146 WINDWARD WAY
City-St-Zip: INDIAN HARBOUR BEACH, FL 32937

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEPHEN FELDMAN

DR.

04/20/2009

Electronic Signature of Signing Officer or Director

Date