

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13749

FILED  
Jan 08, 2010  
Secretary of State

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

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

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** C  
**Name:** MCCULLEY, MICHAEL J  
**Address:** 100 YACHT HAVEN DR.  
**City-St-Zip:** COCOA BEACH, FL 32931 US

**Title:** VC  
**Name:** NICK, WITEK  
**Address:** 100 EYSTER BLVD., #201  
**City-St-Zip:** ROCKLEDGE, FL 32955 US

**Title:** T  
**Name:** RICHARD, MCNEIGHT  
**Address:** 146 WINDWARD WAY  
**City-St-Zip:** INDIAN HARBOUR BEACH, FL 32937 US

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

**Title:** S  
**Name:** N. JAN, DAVIS  
**Address:** 1525 PERIMETER PKY, SUITE 330  
**City-St-Zip:** HUNTSVILLE, AL 35806 US

I hereby 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 all other like empowered.

SIGNATURE: STEPHEN FELDMAN

DR.

01/08/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date