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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N19552 (1)

1. Corporation Name
NASA KENNEDY SPACE CENTER MANAGEMENT ASSOCIATION, INC.



Principal Place of Business Mailing Address
P. O. BOX 21064 KSC FL 32815 P. O. BOX 21064 KSC FL 32815-0064

3. Date Incorporated or Qualified 03/05/1987 3a. Date of Last Report 02/09/1996
4. FEI Number 59-2861623 Applied For Not Applicable
5. Certificate of Status Desired [X] \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [] \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes [] Yes [X] No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt #, etc. 26 Suite, Apt #, etc.
22 City & State 27 City & State
23 Zip 25 Country 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent
LICHTENBERGER, LAUREL
NASA JOHN F KENNEDY SPACE CENTER
MAIL CODE: PA-VCB
KENNEDY SPACE CENTER FL 32899

10. Name and Address of New Registered Agent
81 Name Gerron, Robert
82 Street Address (P.O. Box Number is Not Acceptable) NASA John F Kennedy Space Center
83 Mail Code: EC-E
84 City Kennedy Space Center FL 85 Zip Code 32899

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.
SIGNATURE: Robert A. Gerron, Treasurer Date: 1/27/97

12. OFFICERS AND DIRECTORS
TITLE [] DELETE
NAME D FLOWERS, DAVE
STREET ADDRESS MAIL CODE :AC
CITY-ST-ZIP KSC FL 32899
TITLE [] DELETE
NAME P DEL VESCO, MIKE
STREET ADDRESS MAIL CODE HM-NAO
CITY-ST-ZIP KSC FL 32899
TITLE [] DELETE
NAME V ALEXANDER, CATHERINE
STREET ADDRESS MAIL CODE IM-NAO
CITY-ST-ZIP KSC FL 32899
TITLE [] DELETE
NAME D LANG, BOB
STREET ADDRESS MAIL CODE: TV
CITY-ST-ZIP KSC FL 32899
TITLE [] DELETE
NAME T LICHTENBERGER, LAUREL A
STREET ADDRESS MAIL CODE PA-VCB
CITY-ST-ZIP KSC FL 32899
TITLE [] DELETE
NAME S GERRON, BOB
STREET ADDRESS MAIL CODE: RM-INT
CITY-ST-ZIP KSC FL 32899

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE D [X] Change [] Addition
1.2 NAME Long, Irene
1.3 STREET ADDRESS Mail Code: JJ
1.4 CITY-ST-ZIP KSC, FL 32899
2.1 TITLE D [X] Change [] Addition
2.2 NAME ELLIS, Larry
2.3 STREET ADDRESS Mail Code: PE
2.4 CITY-ST-ZIP KSC, FL 32899
3.1 TITLE P [X] Change [] Addition
3.2 NAME ALEXANDER, CATHERINE
3.3 STREET ADDRESS Mail Code: IM-NAO
3.4 CITY-ST-ZIP KSC, FL 32899
4.1 TITLE V [X] Change [] Addition
4.2 NAME Rodriguez, Miquel
4.3 STREET ADDRESS Mail Code: BE-B2
4.4 CITY-ST-ZIP KSC, FL 32899
5.1 TITLE S [X] Change [] Addition
5.2 NAME Stromer, Vanessa
5.3 STREET ADDRESS Mail Code: PH-B1
5.4 CITY-ST-ZIP KSC, FL 32899
6.1 TITLE T [X] Change [] Addition
6.2 NAME Gerron, Robert
6.3 STREET ADDRESS Mail Code: EC-E
6.4 CITY-ST-ZIP KSC, FL 32899

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Robert A. Gerron, Treasurer Date: 1/27/97

CR2E037 (9/96)