


FILE NOW: FILING FEE IS \$61.25

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Mar 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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**



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

3. Date Incorporated or Qualified	4. FEI Number	Applied For
03/05/1987	59-2861623	<input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing	<input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
GERRON, ROBERT
NASA JOHN F KENNEDY SPACE CENTER
MAIL CODE: EC-E
KENNEDY SPACE CENTER FL 32899

10. Name and Address of New Registered Agent
81 Name Kathy Bryant
82 Street Address (P.O. Box Number is Not Acceptable) NASA John F. Kennedy Space Center
83 Mail Code: GG-B-B
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 **Kathy Bryant, Treasurer** **Kathy Bryant** **2/27/98**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	<input checked="" type="checkbox"/> DELETE	1.1 TITLE
NAME		1.2 NAME
STREET ADDRESS		1.3 STREET ADDRESS
CITY-ST-ZIP		1.4 CITY-ST-ZIP
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE
NAME		2.2 NAME
STREET ADDRESS		2.3 STREET ADDRESS
CITY-ST-ZIP		2.4 CITY-ST-ZIP
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE
NAME		3.2 NAME
STREET ADDRESS		3.3 STREET ADDRESS
CITY-ST-ZIP		3.4 CITY-ST-ZIP
TITLE	<input checked="" type="checkbox"/> DELETE	4.1 TITLE
NAME		4.2 NAME
STREET ADDRESS		4.3 STREET ADDRESS
CITY-ST-ZIP		4.4 CITY-ST-ZIP
TITLE	<input checked="" type="checkbox"/> DELETE	5.1 TITLE
NAME		5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS
CITY-ST-ZIP		5.4 CITY-ST-ZIP
TITLE	<input checked="" type="checkbox"/> DELETE	6.1 TITLE
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY-ST-ZIP		6.4 CITY-ST-ZIP

Director / D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Ann Montgomery	
Mail Code: LO	
KSC, FL. 32899	
Director / D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Larry Ellis	
Mail Code: PZ	
KSC, FL. 32899	
Director / D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Catherine Alexander	
Mail Code: FF-R	
KSC, FL. 32899	
President / P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Miguel Rodriguez	
Mail Code: BB-D	
KSC FL. 32899	
Vice President / V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Vanessa Stromer	
Mail Code: PF-I	
KSC FL. 32899	
Treasurer / T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Kathy Bryant	
Mail Code: GG-B-B	
KSC, FL. 32899	

14. I 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: **Kathy Bryant, Treasurer** **Kathy Bryant** **2/27/98** **(407) 867-3917**

CR2E037 (10/97)