

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Mar 05 1998 8:00am  
Secretary of State**

|                                                       |                                                                                   |                                                                                                           |
|-------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|-------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|

**DOCUMENT # N19552 (1)**

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



|                                                                |                                                    |
|----------------------------------------------------------------|----------------------------------------------------|
| Principal Place of Business<br>P. O. BOX 21064<br>KSC FL 32815 | Mailing Address<br>P. O. BOX 21064<br>KSC FL 32815 |
|----------------------------------------------------------------|----------------------------------------------------|

|                                                                                                                                                                            |                                         |                                                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|-------------------------------------------------------|
| 3. Date Incorporated or Qualified<br><b>03/05/1987</b>                                                                                                                     |                                         |                                                       |
| 4. FEI Number<br><b>59-2861623</b>                                                                                                                                         | Applied For<br><input type="checkbox"/> | Not Applicable<br><input checked="" type="checkbox"/> |
| 5. Certificate of Status Desired<br><input type="checkbox"/>                                                                                                               | <b>\$8.75</b> Additional Fee Required   |                                                       |
| 6. Election Campaign Financing Trust Fund Contribution<br><input type="checkbox"/>                                                                                         | <b>\$5.00</b> May Be Added to Fees      |                                                       |
| 7. Is this nonprofit corporation a homeowners association?<br><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.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                         |                                                       |

|                                                     |                                         |
|-----------------------------------------------------|-----------------------------------------|
| 21. Principal Place of Business Suite, Apt. #, etc. | 22. Mailing Address Suite, Apt. #, etc. |
| 23. City & State                                    | 24. City & State                        |
| 25. Zip Country                                     | 26. Zip Country                         |

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<br><b>Kathy Bryant</b>                                                                    |                             |
| 82 Street Address (P.O. Box Number is Not Acceptable)<br><b>NASA John F. Kennedy Space Center</b> |                             |
| 83 Mail Code: <b>GG-B-B</b>                                                                       |                             |
| 84 City<br><b>Kennedy Space Center FL</b>                                                         | 85 Zip Code<br><b>32899</b> |

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

|                |                                |                                            |
|----------------|--------------------------------|--------------------------------------------|
| TITLE          | <b>D</b>                       | <input checked="" type="checkbox"/> DELETE |
| NAME           | <b>FLOWERS, DAVE</b>           |                                            |
| STREET ADDRESS | <b>MAIL CODE :AC</b>           |                                            |
| CITY-ST-ZIP    | <b>KSC FL 32899</b>            |                                            |
| TITLE          | <b>P</b>                       | <input checked="" type="checkbox"/> DELETE |
| NAME           | <b>DEL VESCO, MIKE</b>         |                                            |
| STREET ADDRESS | <b>MAIL CODE HM-NAO</b>        |                                            |
| CITY-ST-ZIP    | <b>KSC FL 32899</b>            |                                            |
| TITLE          | <b>V</b>                       | <input checked="" type="checkbox"/> DELETE |
| NAME           | <b>ALEXANDER, CATHERINE</b>    |                                            |
| STREET ADDRESS | <b>MAIL CODE IM-NAO</b>        |                                            |
| CITY-ST-ZIP    | <b>KSC FL 32899</b>            |                                            |
| TITLE          | <b>D</b>                       | <input checked="" type="checkbox"/> DELETE |
| NAME           | <b>LANG, BOB</b>               |                                            |
| STREET ADDRESS | <b>MAIL CODE: TV</b>           |                                            |
| CITY-ST-ZIP    | <b>KSC FL 32899</b>            |                                            |
| TITLE          | <b>T</b>                       | <input checked="" type="checkbox"/> DELETE |
| NAME           | <b>LICHTENBERGER, LAUREL A</b> |                                            |
| STREET ADDRESS | <b>MAIL CODE PA-VCB</b>        |                                            |
| CITY-ST-ZIP    | <b>KSC FL 32899</b>            |                                            |
| TITLE          | <b>S</b>                       | <input checked="" type="checkbox"/> DELETE |
| NAME           | <b>GERRON, BOB</b>             |                                            |
| STREET ADDRESS | <b>MAIL CODE: RM-INT</b>       |                                            |
| CITY-ST-ZIP    | <b>KSC FL 32899</b>            |                                            |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                            |                                                                              |
|--------------------|----------------------------|------------------------------------------------------------------------------|
| 1.1 TITLE          | <b>Director / D</b>        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME           | <b>Ann Montgomery</b>      |                                                                              |
| 1.3 STREET ADDRESS | <b>Mail Code: LO</b>       |                                                                              |
| 1.4 CITY-ST-ZIP    | <b>KSC, FL. 32899</b>      |                                                                              |
| 2.1 TITLE          | <b>Director / D</b>        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME           | <b>Larry Ellis</b>         |                                                                              |
| 2.3 STREET ADDRESS | <b>Mail Code: PZ</b>       |                                                                              |
| 2.4 CITY-ST-ZIP    | <b>KSC, FL. 32899</b>      |                                                                              |
| 3.1 TITLE          | <b>Director / D</b>        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME           | <b>Catherine Alexander</b> |                                                                              |
| 3.3 STREET ADDRESS | <b>Mail Code :FF-R</b>     |                                                                              |
| 3.4 CITY-ST-ZIP    | <b>KSC, FL. 32899</b>      |                                                                              |
| 4.1 TITLE          | <b>President / P</b>       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME           | <b>Miguel Rodriguez</b>    |                                                                              |
| 4.3 STREET ADDRESS | <b>Mail Code: BB-D</b>     |                                                                              |
| 4.4 CITY-ST-ZIP    | <b>KSC FL. 32899</b>       |                                                                              |
| 5.1 TITLE          | <b>Vice President / V</b>  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME           | <b>Vanessa Stromer</b>     |                                                                              |
| 5.3 STREET ADDRESS | <b>Mail Code: PF-I</b>     |                                                                              |
| 5.4 CITY-ST-ZIP    | <b>KSC FL. 32899</b>       |                                                                              |
| 6.1 TITLE          | <b>Treasurer / T</b>       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 6.2 NAME           | <b>Kathy Bryant</b>        |                                                                              |
| 6.3 STREET ADDRESS | <b>Mail Code: GG-B-B</b>   |                                                                              |
| 6.4 CITY-ST-ZIP    | <b>KSC, FL. 32899</b>      |                                                                              |

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 2/27/98 867-3917 (407)

CR2E037 (10/97)