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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N19552

1. Corporation Name

NASA KENNEDY SPACE CENTER MANAGEMENT ASSOCIATION
, INC.

Principal Place of Business

P. O. BOX 21064
KSC FL 32815

Mailing Address

P. O. BOX 21064
KSC FL 32815



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		03/05/1987	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2861623	
24 Country		29 Country		5. Certificate of Status Desired	
				8.75 Additional Fee Required	
				6. Election Campaign Financing	
				Trust Fund Contribution	
				5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

BRYANT, KATHY
NASA JOHN F KENNEDY SPACE CENTER
MAIL CODE: GG-B-B
KENNEDY SPACE CENTER FL 32899

10. Name and Address of New Registered Agent

81 Name Nicole J. DelVesco
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 *Nicole J. DelVesco*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

February 1, 1999

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	NAME	MONTGOMERY, ANN	1.1 TITLE		1.2 NAME	
STREET ADDRESS		MAIL CODE: LO		1.3 STREET ADDRESS		1.4 CITY-ST-ZIP	
CITY-ST-ZIP		KSC FL 32899		2.1 TITLE	D	2.2 NAME	Carroll, Napoleon
				2.3 STREET ADDRESS		2.4 CITY-ST-ZIP	
TITLE	D	NAME	ELLIS, LARRY	3.1 TITLE	D	3.2 NAME	Rodriguez, Miguel
STREET ADDRESS		MAIL CODE: PZ		3.3 STREET ADDRESS		3.4 CITY-ST-ZIP	
CITY-ST-ZIP		KSC FL 32899		4.1 TITLE	P	4.2 NAME	Stromer, Vanessa
				4.3 STREET ADDRESS		4.4 CITY-ST-ZIP	
TITLE	D	NAME	ALEXANDER, CATHERINE	5.1 TITLE	VP	5.2 NAME	Jones, William
STREET ADDRESS		MAIL CODE: FF-F		5.3 STREET ADDRESS		5.4 CITY-ST-ZIP	
CITY-ST-ZIP		KSC FL 32899		6.1 TITLE	T	6.2 NAME	DelVesco, Nicole
				6.3 STREET ADDRESS		6.4 CITY-ST-ZIP	
TITLE	P	NAME	RODRIGUEZ, MIGUEL				
STREET ADDRESS		MAIL CODE: BD-D					
CITY-ST-ZIP		KSC FL 32899					
TITLE	VP	NAME	STROMER, VANESSA				
STREET ADDRESS		MAIL CODE: PF-I					
CITY-ST-ZIP		KSC FL 32899					
TITLE	T	NAME	BRYANT, KATHY				
STREET ADDRESS		MAIL CODE: GG-B-B					
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE:

Nicole J. DelVesco

February 1, 1999 407-867-3917

03 017 (11/98)