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**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90022 039 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**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
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country	3. Date Incorporated or Qualified <b>03/05/1987</b>	4. FEI Number <b>59-2861623</b> Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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9. Name and Address of Current Registered Agent <b>BRYANT, KATHY MASA JOHN F KENNEDY SPACE CENTER MAIL CODE: GG-B-B KENNEDY SPACE CENTER FL 32899</b>	10. Name and Address of New Registered Agent 81 Name <b>Nicole J. DeVesco</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>NASA John F. Kennedy Space Center</b> 83 Mail code: <b>GG-B-B</b> 84 City <b>Kennedy Space Center FL</b> 85 Zip Code <b>32899</b>
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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. DeVesco* (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 <input type="checkbox"/> DELETE	NAME STREET ADDRESS CITY-ST-ZIP	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	1.2 NAME
<input type="checkbox"/> DELETE	<b>D MONTGOMERY, ANN MAIL CODE: LO KSC FL 32899</b>	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
<input checked="" type="checkbox"/> DELETE	<b>D ELLIS, LARRY MAIL CODE: PZ KSC FL 32899</b>	2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	2.2 NAME <b>D Carroll, Napoleon</b>
<input checked="" type="checkbox"/> DELETE	<b>D ALEXANDER, CATHERINE MAIL CODE: FF-F KSC FL 32899</b>	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP <b>MAIL CODE: GG KSC, FL. 32899</b>
<input type="checkbox"/> DELETE	<b>P RODRIQUEZ, MIGUEL MAIL CODE: BD-D KSC FL 32899</b>	3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	3.2 NAME <b>D Rodriguez, Miguel</b>
<input checked="" type="checkbox"/> DELETE	<b>VP STROMER, VANESSA MAIL CODE: PF-1 KSC FL 32899</b>	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP <b>MAIL CODE: NN-M KSC FL. 32899</b>
<input checked="" type="checkbox"/> DELETE	<b>T BRYANT, KATHY MAIL CODE: GG-B-B KSC FL 32899</b>	4.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	4.2 NAME <b>P Stromer, Vanessa</b>
		4.3 STREET ADDRESS	4.4 CITY-ST-ZIP <b>MAIL CODE: FF KSC, FL. 32899</b>
		5.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	5.2 NAME <b>VP Jones, William</b>
		5.3 STREET ADDRESS	5.4 CITY-ST-ZIP <b>MAIL CODE: MM-G3 KSC, FL. 32899</b>
		6.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	6.2 NAME <b>T DeVesco, Nicole</b>
		6.3 STREET ADDRESS	6.4 CITY-ST-ZIP <b>MAIL CODE: GG-B-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, with all other like empowered.

SIGNATURE: *Nicole J. DeVesco* February 1, 1999 407-867-3917

CR 017 (1/98)