FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 20 AM 11:25

DOCUMENT # N31082 (3)

1. Corporation Name
ASTRONAUT ATHLETIC BOOSTER CLUB, INC.

Principal Place of Business	Mailing Address
% FRED A. BYNUM 800 WAR EAGLE BLVD. - P.O. BOX 1245 TITUSVILLE FL 32796-2316	% FRED A. BYNUM 800 WAR EAGLE BLVD. ~~P.O. BOX 1245~~ TITUSVILLE FL 32796-2316

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/07/1989
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2946591 (Applied For / Not Applicable)
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26 800 WAR EAGLE BLVD
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 TITUSVILLE FL 32796
Zip / Country 24 / 25	Zip / Country 29 32796 / 30

9. Name and Address of Current Registered Agent

BYNUM, FRED A.
800 WAR EAGLE BLVD
TITUSVILLE FL 32796

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 familar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	BARTLETT, BRENDA
STREET ADDRESS	405 N HILLTOP AVE
CITY-ST-ZIP	TITUSVILLE FL
TITLE	VPD
NAME	THOMAS, KEN
STREET ADDRESS	288 W TOWNE PLACE
CITY-ST-ZIP	TITUSVILLE FL
TITLE	SD
NAME	CHAMBERLAIN, SANDY
STREET ADDRESS	4905 CARADOC CIR
CITY-ST-ZIP	TITUSVILLE FL
TITLE	TD
NAME	SANDERS, RON
STREET ADDRESS	1742 CASTLE DR
CITY-ST-ZIP	TITUSVILLE FL
TITLE	PPT
NAME	CHAMBERLAIN, RICH
STREET ADDRESS	4905 CARODOC CIR
CITY-ST-ZIP	TITUSVILLE FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
2.1 TITLE	VPD	☒ Change ☐ Addition
2.2 NAME	Daina M Cerroni	
2.3 STREET ADDRESS	3225 Carnegie St.	
2.4 CITY-ST-ZIP	Titusville FL.	
3.1 TITLE	SD	☒ Change ☐ Addition
3.2 NAME	Sheila M. Perry	
3.3 STREET ADDRESS	480 Fern Ave	
3.4 CITY-ST-ZIP	Titusville, FL 32796	
4.1 TITLE	TD	☒ Change ☐ Addition
4.2 NAME	JAMES L. SPEAKE, JR.	
4.3 STREET ADDRESS	2600 HILLCREST AVE	
4.4 CITY-ST-ZIP	TITUSVILLE, FL 32796	
5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Brenda Bartlett — 2/6/95 — (407) 383-4724 ou
SIGNATURE AND TYPED OR PRINTED NAME OF DIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number
BRENDA BARTLETT — (407) 867-4905