

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N32182 (0)**

1. Corporation Name

UNITED STATES AIR FORCE SPACE & MISSILE MUSEUM FOUNDATION INCORPORATED



Principal Place of Business: P O BOX 129, COCOA FL 32923-0129, US
Mailing Address: P O BOX 129, COCOA FL 32923-0129, US

3. Date Incorporated or Qualified: **05/09/1989**
3a. Date of Last Report: **02/20/1995**
4. FEI Number: **59-2964584**
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**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21 P.O. BOX 3**
Suite, Apt. #, etc.: **22**
City & State: **23**
Zip: **24 32923-0003** Country: **25**
2a. Mailing Address: **26 P.O. BOX 3**
Suite, Apt. #, etc.: **27**
City & State: **28**
Zip: **29 32923-0003** Country: **30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HOUSER, WESLEY H
535 DELANNOY AVENUE
COCOA FL 32922**

81 Name: **STEPHEN C. HOUSER**
82 Street Address (P.O. Box Number is Not Acceptable): **535 DELANNOY AVENUE**
83
84 City: **COCOA** FL 85 Zip Code: **32922**

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

Stephen Houser

Signature, typed or printed name of registered agent and the if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

5/30/96

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	HENRY, DICK
STREET ADDRESS	10630 S TROPICAL TRAIL
CITY-ST-ZIP	MERRITT ISLAND FL
TITLE	VCBM <input type="checkbox"/> DELETE
NAME	MORREL, JIMMIE
STREET ADDRESS	1980 N ATLANTIC AVENUE, #630
CITY-ST-ZIP	COCOA BEACH FL
TITLE	S <input checked="" type="checkbox"/> DELETE
NAME	PECKHAM, HOWARD
STREET ADDRESS	1561 PIONEER DRIVE
CITY-ST-ZIP	MELBOURNE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	INGRAM, RODGER
STREET ADDRESS	430 BREVARD AVENUE
CITY-ST-ZIP	COCOA FL
TITLE	D <input type="checkbox"/> DELETE
NAME	MOLITOR, DON
STREET ADDRESS	625 FLORIDA AVENUE, STE 5
CITY-ST-ZIP	COCOA FL
TITLE	D <input type="checkbox"/> DELETE
NAME	CATAMBY, WILLIAM
STREET ADDRESS	8121 CANAVERAL BOULEVARD
CITY-ST-ZIP	CAPE CANAVERAL FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	SECRETARY/TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	LEE ARNOLD
3.3 STREET ADDRESS	235 HOLIDAY LANE
3.4 CITY-ST-ZIP	WINTER SPRINGS, FL 32708
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	STEPHEN HOUSER
6.3 STREET ADDRESS	535 DELANNOY AVENUE
6.4 CITY-ST-ZIP	COCOA, FL 32922

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:

Stephen Houser

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEPHEN C. HOUSER

4/30/96

Date

Daytime Phone #

CR2E037 (12/95)