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**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90243 014 \*\*\*\*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 # N32182**

1. Corporation Name  
**UNITED STATES AIR FORCE SPACE & MISSILE MUSEUM FOUNDATION INCORPORATED**

Principal Place of Business P O BOX 3 COCOA FL 32923-0003 US	Mailing Address P O BOX 3 COCOA FL 32923-0003 US
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537946 - 90243 - 14



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified <b>05/09/1989</b>
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number <b>59-2964584</b>
City & State 23	City & State 28	Applied For <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip 24	Country 25	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>

9. Name and Address of Current Registered Agent

**HOUSER, STEPHEN C**  
**535 DELANNOY AVENUE**  
**COCOA FL 32922**

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 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 \_\_\_\_\_ 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	T	<input type="checkbox"/> DELETE
NAME	HOUSER, S C	
STREET ADDRESS	535 DELANNOY AVE	
CITY-ST-ZIP	COCOA FL 32922	
TITLE	CBM	<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	ARNOLD, LEE	
STREET ADDRESS	235 HOLIDAY LANE	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HANRAHAN, TIM	
STREET ADDRESS	215 HEDGECOCK CT	
CITY-ST-ZIP	SATELLITE BEACH 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	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	D/S
3.3 STREET ADDRESS	Michael Spence
3.4 CITY-ST-ZIP	P.O. Box 21205 Kennedy Space Center, FL 32815-0205
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 type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: *Step Houser* SIGNATURE REQUIRED **4-29-99** **907-636-0926**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)

537946-9243-14  
N3 2182

Richard	Bird	Director	P. O. Box 2647	Titusville	FL	32781-2647 407-383-6133
Eugene	Bjerring	Director	435 Footman Lane	Merritt Island	FL	32952 407-453-5258
Robert	Bourne	Director	5 Spinnaker Point	Indian Harbour Beach	FL	32937 407-777-6976
William	Catambay	Director	7001 N. Atlantic Ave. #100	Cape Canaveral	FL	32920 407-799-2260
Tim	Hanrahan	Director	215 Hedgcock Ct.	Satellite Beach	FL	32937 407-777-0406
Richard	Henry	Director	10630 S. Tropical Trail	Merritt Island	FL	32952-6903 407-773-7741
William	Hickman	Director	840 Peregrine Dr	Indianlaritic	FL	32903 407-779-2782
James	Hobin	Director	3726 Secluded Oak Ct.	Melbourne	FL	32934 407-255-4916
Stephen	Houser	Director/Treasurer	950 Maemir Way	Rockledge	FL	32955 407-690-1922
Jerry	Johnson	Director	1980 N. Atlantic #630	Cocoa Beach	FL	32931 407-784-4030
Richard	Jolley	Director/Vice Chairman	300 S. Banana River Blvd. #307	Cocoa Beach	FL	32931 407-784-1998
Rodney	Ketcham	Director	3605 S Banana Rvr Blvd B401	Cocoa Beach	FL	32931 407-783-3682
Maxwell	King	Director	1384 Walton Heath Ct.	Rockledge	FL	32955-2533 407-632-5659
Don	Molitor	Director	1171 N. Indian River Rd	Cocoa	FL	32922 407-632-5388
Jimney	Morrell	Director/Chairman	289 Sandy Run	Melbourne	FL	332940 407-254-8374
Dave	Parrish	Director	271 Sandy Run	Melbourne	FL	32940 407-254-1981
Dixie	Sansom	Director	P. O. Box 98	Cocoa	FL	32923-0098 407-633-8001
Larry	Shaw	Director	3725 Suntree Blvd.	Melbourne	FL	32940 407-254-7666
Michael	Spence	Director/Secretary	P. O. Box 21205	Kennedy Space Center	FL	32815-0205 407-853-6666