

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 29, 2000 8:00 am
Secretary of State

06-29-2000 90398 017 ****61.25

DOCUMENT # N32182

1. Entity Name

UNITED STATES AIR FORCE SPACE & MISSILE MUSEUM F

R

Principal Place of Business

Mailing Address

P O BOX 3
 COCOA FL 32923-0003
 US

P O BOX 3
 COCOA FL 32923-0003
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2964584

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOUSER, STEPHEN C
535 DELANNOY AVENUE
COCOA FL 32922

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	DS	<input type="checkbox"/> Delete
NAME	SPEUCE,	
STREET ADDRESS	PO BOX 21205	
CITY-ST-ZIP	KENNEDY SPACE CENTER FL 32815-0205	
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 checked="" type="checkbox"/> Delete
NAME	CATAMBY, WILLIAM	
STREET ADDRESS	8121 CANAVERAL BOULEVARD	
CITY-ST-ZIP	CAPE CANAVERAL FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPENCE, Michael	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VCD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jolley, Richard	
STREET ADDRESS	3275 Suntree Blvd,	
CITY-ST-ZIP	Melbourne, FL 32940	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature R. Morrell
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jimmey R. Morrell 6-25-00 (321) 632-2466

Date

Daytime Phone #

CR2E037 (9/99)