

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 30, 2004  
Secretary of State**

DOCUMENT# N32182

**Entity Name:** UNITED STATES AIR FORCE SPACE & MISSILE MUSEUM FOUNDATION INCORPORATED

**Current Principal Place of Business:**

P O BOX 3  
COCOA, FL 329230003 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 3  
COCOA, FL 329230003 US

**New Mailing Address:**

**FEI Number:** 59-2964584      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: T ( ) Delete  
Name: HOUSER, S C  
Address: 535 DELANNOY AVE  
City-St-Zip: COCOA, FL 32922

Title: CDM ( ) Delete  
Name: MORRELL, JIMMEY  
Address: 1980 N ATLANTIC AVENUE, #630  
City-St-Zip: MELBOURNE, FL 32940

Title: DS ( ) Delete  
Name: SPENCE, MIKE  
Address: PO BOX 21205  
City-St-Zip: KENNEDY SPACE CENTER, FL 328150205

Title: D ( ) Delete  
Name: HANRAHAN, TIM  
Address: 215 HEDGECOCK CT  
City-St-Zip: SATELLITE BEACH, FL 32937

Title: D ( ) Delete  
Name: MOLITOR, DON  
Address: 1775 COGSWELL  
City-St-Zip: ROCKLEDGE, FL 32955

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: S C HOUSER

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

TREA

04/30/2004

\_\_\_\_\_  
Date