

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32182

FILED  
Jan 16, 2009  
Secretary of State

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

**Current Principal Place of Business:**

191 MUSEUM CIRCLE  
PATRICK AFB, FL 32920 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 893  
CAPE CANAVERAL, FL 32920 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  
1970 S. ROCKLEDGE BLVD  
SUITE 102  
ROCKLEDGE, FL 32955 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: DT ( ) Delete  
Name: HOUSER, S C  
Address: 1017 PATHFINDER WAY SUITE 100  
City-St-Zip: ROCKLEDGE, FL 32955

Title: CDM ( ) Delete  
Name: PAVOLVICH, GREGORY  
Address: 4050 STONEY POINT ROAD  
City-St-Zip: MELBOURNE, FL 32940

Title: DS ( ) Delete  
Name: BANKE, JAMES  
Address: 8910 ASTRONAUT BLVD  
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: VCDM ( ) Delete  
Name: BILLMAN, GREGORY  
Address: 690 JACKSON CT  
City-St-Zip: SATELLITE BEACH, FL 32937

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

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

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

Title: DS (X) Change ( ) Addition  
Name: BANKE, JAMES  
Address: 1692 CLOVER CIRCLE  
City-St-Zip: MELBOURNE, FL 32925

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: SHARON A. RODRIGUEZ

VDS

01/16/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date