

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 # N94000000114 (8)

1. Corporation Name

U.S. SPACE WALK OF FAME FOUNDATION, INC.



Principal Place of Business

Mailing Address

410 INDIAN RIVER AVE.
TITUSVILLE FL 32780

410 INDIAN RIVER AVE.
TITUSVILLE FL 32780

3. Date Incorporated or Qualified
01/10/1994

3a. Date of Last Report
08/25/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

4. FEI Number
59-3267408

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BECK, EDWARD J
410 INDIAN RIVER AVE.
TITUSVILLE FL 32780

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME BECK, EDWARD J C.P.A.
STREET ADDRESS 410 INDIAN RIVER AVE.
CITY-ST-ZIP TITUSVILLE FL 32780

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME EVANS, JOHN H ESQ.
STREET ADDRESS 750 COUNTRY CLUB DR.
CITY-ST-ZIP TITUSVILLE FL 32780

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE TR ☐ DELETE
NAME SPEAKE, JAMES
STREET ADDRESS 2600 HILLCREST DRIVE
CITY-ST-ZIP TITUSVILLE FL 32780

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE P ☐ DELETE
NAME WARD, LOYS
STREET ADDRESS 300 JULIA STREET
CITY-ST-ZIP TITUSVILLE FL 32780

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE VP ☐ DELETE
NAME FOWLER, CALVIN D
STREET ADDRESS 100 W. BAY DRIVE
CITY-ST-ZIP TITUSVILLE FL 32931

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE S ☒ DELETE
NAME HENNESSAY, DONN
STREET ADDRESS P. O. BOX 6385 N/A
CITY-ST-ZIP TITUSVILLE FL 32782-6385

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, upon an attachment with an address.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Loys Ward, President

Date

Daytime Phone #

CR2E037 (12/95)