

FLORIDA DEPARTMENT OF STATE FILING FEE IS \$61.25

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
Feb 17, 1999 8:00am
Secretary of State

02-17-1999 90089 039 *****61.25

DOCUMENT # N94000000114

1. Corporation Name

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

Principal Place of Business

**410 INDIAN RIVER AVE.
 TITUSVILLE FL 32780**

Mailing Address

**410 INDIAN RIVER AVE.
 TITUSVILLE FL 32780**



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country
24 **25**

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country
29 **30**

3. Date Incorporated or Qualified

01/10/1994

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

9. Name and Address of Current Registered Agent

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
 NAME **BECK, EDWARD J C.P.A.**
 STREET ADDRESS **410 INDIAN RIVER AVE.**
 CITY-ST-ZIP **TITUSVILLE FL 32796**

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

TITLE **T** ☐ DELETE
 NAME **ADCOCK, ROBERT L.**
 STREET ADDRESS **2108 ROYAL OAKS DR**
 CITY-ST-ZIP **ROCKLEDGE FL**

TITLE **P** ☐ DELETE
 NAME **FOWLER, CALVIN**
 STREET ADDRESS **100 W BAY DRIVE**
 CITY-ST-ZIP **COCOA BEACH FL**

TITLE **VP** ☐ DELETE
 NAME **SMYTH, E. RAY**
 STREET ADDRESS **2764 HILLCREST AVE**
 CITY-ST-ZIP **TITUSVILLE FL**

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

6.1 TITLE ☐ Change ☐ 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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/99 407-632-3115
 Date Daytime Phone #

CR2E037 (1/98)