

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000000114

FILED
May 02, 2007
Secretary of State

Entity Name: U.S. SPACE WALK OF FAME FOUNDATION, INC.

Current Principal Place of Business:

410 INDIAN RIVER AVE.
TITUSVILLE, FL 32780

New Principal Place of Business:

4 MAIN ST
TITUSVILLE, FL 32780

Current Mailing Address:

P. O. BOX 6385
TITUSVILLE, FL 32782 63

New Mailing Address:

FEI Number: 59-3267408 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

BURDINE, T
410 INDIAN RIVER AVE.
TITUSVILLE, FL 32780 US

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: D () Delete
Name: EVANS, JOHN H ESQ.
Address: 750 COUNTRY CLUB DR.
City-St-Zip: TITUSVILLE, FL 32780

Title: T () Delete
Name: ADCOCK, ROBERT L
Address: 1346 NELSON CT
City-St-Zip: ROCKLEDGE, FL 32955

Title: P () Delete
Name: MARS, CHARLIE
Address: 3970 PINETOP DR.
City-St-Zip: TITUSVILLE, FL 32796

Title: VPD () Delete
Name: REILLY, FRANCIS
Address: 506 LAKE DR.
City-St-Zip: TITUSVILLE, FL 32780

Title: CPA () Delete
Name: BURDINE, T
Address: 410 INDIAN RIVER AVE.
City-St-Zip: TITUSVILLE, FL 32996

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:

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: CHARLES B. MARS

P

05/02/2007

Electronic Signature of Signing Officer or Director

Date