# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 04, 2008**
**Secretary of State**

DOCUMENT# N94000000114

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

**Current Principal Place of Business:**

4 MAIN ST
TITUSVILLE, FL 32780

**New Principal Place of Business:**

**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 ( )**

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

BURDINE, T
410 INDIAN RIVER AVE.
TITUSVILLE, FL 32780 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: 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: T (X) Change ( ) Addition
Name: MIKEL, ARLENE
Address: 2157 KINGS CROSS
City-St-Zip: TITUSVILLE, FL 32796

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

Title: VPD (X) Change ( ) Addition
Name: ARNOLD, BOB
Address: 4290 PONDAPPLE DR.
City-St-Zip: TITUSVILLE, FL 32796

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: CHARLIE MARS P 01/04/2008

Electronic Signature of Signing Officer or Director — Date