

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 27, 2003 8:00 am**  
**Secretary of State**

02-27-2003 90177 016 \*\*\*\*61.25

**DOCUMENT # N94000000114**

1. Entity 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**

**10020000**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3267408**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

**T. BURDINE**

Street Address (P.O. Box Number is Not Acceptable)

**410 INDIAN RIVER AVE**

City

**TITUSVILLE**

**FL**

Zip Code

**32780**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Edward J. Beck*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ Change ☒ Addition  
NAME **T. BURDINE CPA**  
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 ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **T** ☐ Delete  
NAME **ADCOCK, ROBERT L**  
STREET ADDRESS **1346 NELSON CT**  
CITY-ST-ZIP **ROCKLEDGE FL 32955**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **P** ☐ Delete  
NAME **MARS, CHARLIE**  
STREET ADDRESS **3970 PINETOP DR.**  
CITY-ST-ZIP **TITUSVILLE FL 32796**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VPD** ☐ Delete  
NAME **REILLY, FRANCIS**  
STREET ADDRESS **506 LAKE DR.**  
CITY-ST-ZIP **TITUSVILLE FL 32780**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Robert L. Adcock*

**2/25/03 321-2640434**

CR2E037 (10/02)