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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

96 MAY 10 PM 3:41

DOCUMENT # N94000000776 (4)

1. Corporation Name

SPACEPORT ROTARY FOUNDATION, INC.

Principal Place of Business

Mailing Address

POST OFFICE BOX 6802  
TITUSVILLE FL 32782-6802

POST OFFICE BOX 6802  
TITUSVILLE FL 32782-6802

400001825814

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3. Date Incorporated or Qualified

02/14/1994

3a. Date of Last Report

08/25/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

APPLIED FOR 59-3331060

Applied For

Not Applicable

22

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

23

City & State

City & State

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

24

Zip

Country

Zip

Country

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

GRIFFITH, FRANK J JR.  
815 SOUTH WASHINGTON AVENUE  
TITUSVILLE FL 32782-6515

81 Name

GRIFFITH, FRANK J JR.

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

BUILDING E

83

1970 MICHIGAN AVENUE

84 City

COCOA

FL

85 Zip Code  
32922

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 ☐ DELETE

PD  
NAME BECK, EDWARD J  
STREET ADDRESS 410 INDIAN RIVER AVENUE  
CITY-ST-ZIP TITUSVILLE FL 32796

TITLE ☐ DELETE

VD  
NAME KIMBALL, GARY  
STREET ADDRESS 7003 CHALLENGER AVE  
CITY-ST-ZIP TITUSVILLE FL 33780

TITLE ☐ DELETE

SD  
NAME GARRISON, JIM  
STREET ADDRESS 751 S. WASHINGTON AVE.  
CITY-ST-ZIP TITUSVILLE FL 33780

TITLE ☐ DELETE

VD  
NAME BUTCHER, WILLIAM  
STREET ADDRESS 621 PARK AVE.  
CITY-ST-ZIP TITUSVILLE FL 32780

TITLE ☐ DELETE

TD  
NAME FORBES, BARRY  
STREET ADDRESS 100 DELANNOY AVE.  
CITY-ST-ZIP COCOA FL 32922

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

D  
NAME BECK, EDWARD J  
STREET ADDRESS 410 INDIAN RIVER AVENUE  
CITY-ST-ZIP TITUSVILLE, FL 32796

2.1 TITLE ☒ Change ☐ Addition

DP  
NAME KIMBALL, GARY L  
STREET ADDRESS 7003 CHALLENGER AVENUE  
CITY-ST-ZIP TITUSVILLE, FL 32780-8201

3.1 TITLE ☒ Change ☐ Addition

DV  
NAME GARRISON, JAMES W  
STREET ADDRESS 751 S. WASHINGTON AVENUE  
CITY-ST-ZIP TITUSVILLE, FL 32780-4231

4.1 TITLE ☒ Change ☐ Addition

DS  
NAME BUTCHER, WILLIAM E  
STREET ADDRESS 621 PARK AVENUE  
CITY-ST-ZIP TITUSVILLE, FL 32796-3855

5.1 TITLE ☒ Change ☐ Addition

T  
NAME FORBES, BARRY  
STREET ADDRESS 100 DELANNOY AVENUE  
CITY-ST-ZIP COCOA, FL 32922-7916

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, or on an attachment with an address.

SIGNATURE:

GARY KIMBALL, PRES. 4/11/96 407-267-6043  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)