

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 06 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N94000000776 (4)

1. Corporation Name

SPACEPORT ROTARY FOUNDATION, INC.



Principal Place of Business

Mailing Address

POST OFFICE BOX 6802  
TITUSVILLE FL 32782-6802POST OFFICE BOX 6802  
TITUSVILLE FL 32782-6802

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City &amp; State

City &amp; State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

02/14/1994

3a. Date of Last Report

05/10/1996

4. FEI Number

59-3331060

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes☐ Yes☐ No

10. Name and Address of New Registered Agent

GRIFFITH, FRANK J JR.  
1970 MICHIGAN AVENUE  
BUILDING E  
COCOA FL 32922

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	<input type="checkbox"/> DELETE
NAME	BECK, EDWARD J	
STREET ADDRESS	410 INDIAN RIVER AVENUE	
CITY - ST - ZIP	TITUSVILLE FL 32796	

TITLE	PD	<input type="checkbox"/> DELETE
NAME	KIMBALL, GARY	
STREET ADDRESS	7003 CHALLENGER AVE	
CITY - ST - ZIP	TITUSVILLE FL 33780	

TITLE	VD	<input type="checkbox"/> DELETE
NAME	GARRISON, JAMES W	
STREET ADDRESS	751 S. WASHINGTON AVE.	
CITY - ST - ZIP	TITUSVILLE FL 33780	

TITLE	SD	<input type="checkbox"/> DELETE
NAME	BUTCHER, WILLIAM	
STREET ADDRESS	621 PARK AVE.	
CITY - ST - ZIP	TITUSVILLE FL 32780	

TITLE	T	<input type="checkbox"/> DELETE
NAME	FORBES, BARRY	
STREET ADDRESS	100 DELANNOY AVE.	
CITY - ST - ZIP	COCOA FL 32922	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	GARRISON, JIM	
1.3 STREET ADDRESS	751 S WASHINGTON AVENUE	
1.4 CITY - ST - ZIP	TITUSVILLE FL 32780-4231	

2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	BUTCHER, WILLIAM H	
2.3 STREET ADDRESS	621 PARK AVENUE	
2.4 CITY - ST - ZIP	TITUSVILLE FL 32796-3855	

3.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	JAFFE, TODD B	
3.3 STREET ADDRESS	6770 S WASHINGTON AVENUE	
3.4 CITY - ST - ZIP	TITUSVILLE FL 32780	

4.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	FORBES, BARRY	
4.3 STREET ADDRESS	100 DELANNOY AVENUE	
4.4 CITY - ST - ZIP	COCOA FL 32922-7916	

5.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	SMITH, ROBERT	
5.3 STREET ADDRESS	1231 GARDEN STREET	
5.4 CITY - ST - ZIP	TITUSVILLE FL 32796-3310	

6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	LANDRENEAU, MICHAEL	
6.3 STREET ADDRESS	1845 MEDICAL DRIVE	
6.4 CITY - ST - ZIP	TITUSVILLE FL 32796-2123	

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0018208

CR2E037 (9/96)