2002 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # N9400000776			FILED May 13, 2002 8:00 am Secretary of State		
SPACEPORT ROTARY OF TITUSVILL	e foundation, inc	).		5-13-2002 90163 009 ****	
Principal Place of Business	Mailing Address	· · · ·	-		
POST OFFICE BOX 6802 TTUSVILLE FL 32782-6802 Î	POST OFFICE BOX 6802 TITUSVILLE FL 32782-6802	2			
2. Principal Place of Business	3. Mailing Address				
Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE	( <b></b>
City & State	City & State	······································	4. FEI Number		Applied For
Zip Country	Zip	Country	59 5. Certificate of Sta	tus Desired <b>\$8.75</b> A	
6. Name and Address of Current	Registered Agent			Ess of New Registered Agent	ired
GRIFFITH, FRANK J JR. 1970 MICHIGAN AVENUE BUILDING E COCOA FL 32922 The above named entity submits this statement fo	r the evrpces of changing its	SI5 City TH	S (P.O. Box Number is N S. Was <u>4SU/Le</u> ered agent, or both- in th	hinston Ale	
GNATURE Signature, typed opprinted name of regelered agen FILE NOW: FEE IS \$61.25	9. Election Car	Rebert Te: Relistered Agent signature requi	ed when reinstating) \$5.00 May Be Added to Fees	4 30 02 DATE Make Check Payable Department of Star	e to te
OFFICERS AND DIF		11.	ADDITIONS/CHANGES	S TO OFFICERS AND DIRECTORS I	
LE D ME NIX, TERRY LEET ADDRESS 309 LA GRANGE AVE.	Celete	TITLE NAME STREET ADDRESS		Change	Addition
E D GREENE, GREG	Delete	CITY-ST-ZIP TITLE NAME		Change	Addition
MIMS FL 32754-0353		STREET ADDRESS CITY-ST-ZIP			
EVPD WARD, LOYS ET ADDRESS ST-ZIP	Delete	TITLE NAME. STREET ADDRESS CITY-ST-ZIP		Change	Addition
SECOR, PAUL           E         SECOR, PAUL           ET ADDRESS         5195 S WASHINGTON AVE           -ST-ZIP         TITUSVILLE FL 32780	Delete	TITLE NAME STREET ADDRESS CITY - ST-ZIP		Change	Addition
E D E SMITH, ROBERT ET ADDRESS -ST-ZIP TITUSVILLE FL 32780	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	Addition
S S DENSON, TODD ET ADDRESS 2191 GARDEN STREET ST-ZIP TITUSVILLE FL 32796	CJ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	Addition
I hereby certify that the information supplied with indicated on this report or supplemental report is of the corporation or the receiver or trustee empory changed, or on an attachment with an address, where the supplementation of the corporation of the receiver or trustee empory of the corporation of the receiver or trustee empory of the corporation of the receiver or trustee empory of the corporation of the receiver or trustee empory of the corporation of the receiver or trustee empory of the corporation or the receiver or trustee empory of the corporation of the receiver or trustee empory of the corporation of the receiver or trustee empory of the corporation of the receiver or trustee empory of the corporation of the receiver or trustee empory of the corporation of the receiver or trustee empory of the corporation of the receiver or trustee empory of the corporation of the receiver or trustee empory of the corporation of the corporation of the receiver or trustee empory of the corporation of the receiver or trustee empory of the corporation of the receiver or trustee empory of the corporation or the receiver or trustee empory of the corporation or the receiver or trustee empory of the corporation or the receiver or trustee empory of the corporation or the receiver or trustee empory of the corporation or the receiver or trustee empory of the corporation or the receiver or trustee empory of the corporation or the receiver or trustee empory of the corporation or the receiver or trustee empory of the corporation or the receiver or trustee empory of the corporation or the receiver or trustee empory of the corporation or the receiver or trustee empory of the corporation or the receiver or trustee empory of the corporation or the receiver or trustee empory of the corporation or the receiver or trustee empory of the corporation or the receiver or trustee empory of the corporation or the receiver or trustee empory of the corporation or the receiver or trustee empory of the corporation or the receiver or trustee empo	his filling does not qualify for rue and accurate and that m vered to execute this report a th all other like empowered.	as required by Chapter 61	ection 119.07(3)(i), Florid same legal effect as if m 7, Florida Statutes; and th ANA PAS. S	ta Statutes. I further certify that the in lade under oath; that I am an officer hat my name appeare in Block 10 or A 200 DO	nformation or director r Block 11 if