

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001044

FILED  
Jun 12, 2008  
Secretary of State

Entity Name: SPACE FRONTIER OPERATIONS, INC.

## Current Principal Place of Business:

8700 ASTRONAUT BOULEVARD  
BOX 445  
CAPE CANAVERAL, FL 329200445

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 445  
CAPE CANAVERAL, FL 329200445

## New Mailing Address:

FEI Number: 59-3235966      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

## Name and Address of New Registered Agent:

CLARK, ANDREW W. V  
8700 ASTRONAUT BOULEVARD  
BOX 445  
CAPE CANAVERAL, FL 329200445 US

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: PCD ( ) Delete  
Name: CLARK, ANDREW W.V  
Address: P.O. BOX 445 N/A  
City-St-Zip: CAPE CANAVERAL, FL 329200445

Title: DS ( ) Delete  
Name: HOWARD, RITA  
Address: P.O. BOX 445 N/A  
City-St-Zip: CAPE CANAVERAL, FL 329200445

Title: D ( ) Delete  
Name: DENMAN, CHARLES R  
Address: P.O. BOX 445 N/A  
City-St-Zip: CAPE CANAVERAL, FL 329200445

Title: DV ( ) Delete  
Name: PRICKETT, RICHARD E  
Address: PO BOX 445 N/A  
City-St-Zip: CAPE CANAVERAL, FL 329200445

Title: D ( ) Delete  
Name: CASH, TIMOTHY  
Address: P O BOX 445 N/A  
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: DT ( ) Delete  
Name: OSBAND, ROBERT  
Address: PO BOX 445 N/A  
City-St-Zip: CAPE CANAVERAL, FL 32920

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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: ROBERT OSBAND

DT

06/12/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date