

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N96000005069 (7)

1. Corporation Name

KENNEDY SPACE CENTER SUPPORT COMMITTEE INC.

97 SEP 26 PM 2:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

Mailing Address

3960 S. BANANA RIVER BLVD
COCOA BEACH FL 32931

3960 S. BANANA RIVER BLVD
COCOA BEACH FL 32931

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/02/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 402 HIGH POINT DR.

25 402 HIGH POINT DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 COCOA, FL

28 COCOA, FL

Zip

Country

Zip

Country

24 32926

25 USA

29 32926

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RUNYAN, GARY G
3960 S. BANANA RIVER BLVD
COCOA BEACH FL 32931

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME MUNSEY, SUE
STREET ADDRESS 402 HIGH POINT DRIVE
CITY-ST-ZIP COCOA FL 32926

1.1 TITLE C, D
1.2 NAME ANDRE JACK SHYE
1.3 STREET ADDRESS 412 WESTCHESTER DRIVE
1.4 CITY-ST-ZIP COCOA, FLORIDA 32926

TITLE D
NAME RUNYAN, GARY
STREET ADDRESS 3960 S. BANANA RIVER BLVD
CITY-ST-ZIP COCOA BEACH FL 32931

2.1 TITLE VC, D
2.2 NAME MARILYN WATERS
2.3 STREET ADDRESS 516 EAST NEW HAVEN AVE
2.4 CITY-ST-ZIP MELBOURNE, FLORIDA 32901

TITLE D
NAME KINNEY, FRANK
STREET ADDRESS 3960 S. BANANA RIVER BLVD
CITY-ST-ZIP COCOA BEACH FL 32931

3.1 TITLE S
3.2 NAME JERRY MOYER
3.3 STREET ADDRESS 6750 SOUTH HIGHWAY US 1
3.4 CITY-ST-ZIP TITUSVILLE, FLORIDA 32780

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE T, D
4.2 NAME FRANK KINNEY
4.3 STREET ADDRESS 6750 SOUTH HIGHWAY US 1
4.4 CITY-ST-ZIP TITUSVILLE, FLORIDA 32780

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE S, D
5.2 NAME JERRY MOYER
5.3 STREET ADDRESS BIONETICS, MC BID-3
5.4 CITY-ST-ZIP KENNEDY SPACE CENTER, FLORIDA 32899

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 REQUIRED

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