

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000005069

1. Corporation Name

KENNEDY SPACE CENTER SUPPORT COMMITTEE INC.

Principal Place of Business

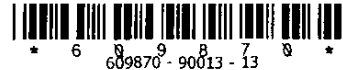
914 DIXON BLVD
COCOA FL 32922
US

Mailing Address

914 DIXON BLVD
COCOA FL 32922
US

FILED
Aug 26, 1999 8:00 am
Secretary of State

08-26-1999 90013 013 ****61.25



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/02/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number NOT APPLICABLE	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country		
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
				85	Zip Code
FL					
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	CD	<input type="checkbox"/> DELETE	1.1 TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHYE, ANDRE JACK		1.2 NAME	Adamek, Ed	
STREET ADDRESS	412 WESTCHESTER DRIVE		1.3 STREET ADDRESS	USK-383, 8550 Astronaut Blvd.	
CITY-ST-ZIP	COCOA FL 32928		1.4 CITY-ST-ZIP	Cape Canaveral, Florida 32920	
TITLE	VCD	<input type="checkbox"/> DELETE	2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATERS, MARILYN		2.2 NAME	Shye, Andre Jack	
STREET ADDRESS	516 EAST NEW HAVEN AVE.		2.3 STREET ADDRESS	412 Westchester Drive	
CITY-ST-ZIP	MELBOURNE FL 32901		2.4 CITY-ST-ZIP	Cocoa, FL	
TITLE	TD	<input type="checkbox"/> DELETE	3.1 TITLE	ASD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KINNEY, FRANK		3.2 NAME	Scaringe, Robert	
STREET ADDRESS	6750 SOUTH HIGHWAY US 1		3.3 STREET ADDRESS	200 Yellow Place	
CITY-ST-ZIP	TITUSVILLE FL 32780		3.4 CITY-ST-ZIP	Rockledge, FL 32955	
TITLE	SD	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOYER, JERRY		4.2 NAME		
STREET ADDRESS	BIONETICS, MC BIO-3		4.3 STREET ADDRESS		
CITY-ST-ZIP	KENNEDY SPACE FL 32899		4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

8/16/99

407-633-8020

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)