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Jun 30 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000005102 (6)**

1. Corporation Name

**THE UNITED SPACE ALLIANCE ONE FUND CLUB, INC., F  
LORIDA CHAPTER**

Principal Place of Business

Mailing Address

**1100 LOCKHEED WAY  
TITUSVILLE FL 32780**

**1100 LOCKHEED WAY  
TITUSVILLE FL 32780-7910**

3. Date Incorporated or Qualified  
**10/04/1996**

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

**21** Suite, Apt. #, etc.

**26** **8550 Astronaut Blvd.**

**22** City & State

Suite, Apt. #, etc.

**27** **USK-339**

**23** Zip

Country

Zip

Country

**24**

**25**

**29** **32920-4304**

**30**

**USA**

4. FEI Number

**59-3383219**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HOLLAND, CHRISTOPHER M  
1100 LOCKHEED WAY  
TITUSVILLE FL 32780**

**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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

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TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**D**

**WESTCOTT, MARLA**

**1229 SLEEPY HOLLOW LANE**

**ROCKLEDGE, FL**

**D**

**GARY M. OLSEN**

**245 E. GRANT AVENUE**

**COCOA BEACH, FL**

**D**

**WINKEL, MARTY**

**4374 LONGBOW DRIVE**

**TITUSVILLE, FL**

**D**

**JIMMY RUDOLPH**

**P.O. BOX 1131 N/A**

**CAPE CANAVERAL, FL**

**D**

**JEAN LAMAR**

**P.O. BOX 541955 N/A**

**MERRITT ISLAND, FL**

**D**

**JUDY SHOCKLEY**

**1377 GARY DRIVE**

**MERRITT ISLAND, FL**

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.

CF2E037 (9/96)