

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Jul 23, 1999 8:00 am
Secretary of State

07-23-1999 90006 020 ****61.25

DOCUMENT # **N96000005102** ✓

1. Corporation Name

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

Principal Place of Business

**1100 LOCKHEED WAY
TITUSVILLE FL 32780**

Mailing Address

**8550 ASTRONAUT BLVD
USK-339
CAPE CANAVERAL FL 32920-4304
US**



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

3. Date Incorporated or Qualified

10/04/1996

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

TITLE **D** ☐ DELETE
NAME **WESTCOTT, MARLA**
STREET ADDRESS **1229 SLEEPY HOLLOW LANE**
CITY-ST-ZIP **ROCKLEDGE FL**

TITLE **D** ☐ DELETE
NAME **GARY M OLSEN**
STREET ADDRESS **245 E GRANT AVE**
CITY-ST-ZIP **COCOA BCH FL**

TITLE **D** ☐ DELETE
NAME **WINKEL, MARTY**
STREET ADDRESS **4374 LONGBOW DR**
CITY-ST-ZIP **TITUSVILLE FL**

TITLE **D** ☐ DELETE
NAME **JIMMY RUDOLPH**
STREET ADDRESS **P.O. BOX 1131 N/A**
CITY-ST-ZIP **CAPE CANAVERAL FL**

TITLE **D** ☒ DELETE
NAME **JEAN LAMAR**
STREET ADDRESS **P.O. BOX 541995 N/A**
CITY-ST-ZIP **MERRITT ISLAND FL**

TITLE **D** ☐ DELETE
NAME **JUDY SHOCKLEY**
STREET ADDRESS **1377 GARY DR**
CITY-ST-ZIP **MERRITT ISLAND FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **WIMBERLY, SYLVIA** ☐ Change ☒ Addition
1.2 NAME **8550 Astronaut Blvd**
1.3 STREET ADDRESS **c/o USA**
1.4 CITY-ST-ZIP **Cape Canaveral, Fl. 32920**

2.1 TITLE **Treasurer** ☐ Change ☒ Addition
2.2 NAME **CAROL ROBERTS**
2.3 STREET ADDRESS **21 W. POINT BL**
2.4 CITY-ST-ZIP **COCOA BCH FL 32931**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-2-99 407 7996884

0001783

CR2E037 (5/99)