Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9600005102 \

Country

9. Name and Address of Current Registered Agent

25

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

Principal Place of Business	
1100 LOCKHEED WAY TITUSVILLE FL 32780	

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

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Zip

Mailing Address

8550 ASTRONAUT BLVD

USK-339

2a. Mailing Address

City & State

Suite, Apt. #, etc.

CAPE CANAVERAL FL 32920-4304

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

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

ACHT BRICK BRICK BRICK) er in erin enik s	1812 1812 (1812)

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

6. Election Campaign Financing

10. Name and Address of New Registered Agent

Trust Fund Contribution

10/04/1996

59-3383219

FEI Number

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 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 tibs if applicable. NOTE: Registered Agent Signature required when remastating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DWINBERTY, SYLVIA Change Addition of the composition of the		, CHRISTOPHER M		82	Street	Address (P.O. Box Number is Not Acceptable)				
### City ### FL 85 Zip Code 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the appointment of 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 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 the # applicable. NOTE: Registered Agent signature required when reinstating) DATE	1100 LOC	KHEED WAY	•	-						
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, Syned or printed name of negatized agent and the if applicable.	TITUSVILLI	E FL 32780		83				Į		
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation's board of directors. I hereby accept the purpose of changing its 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 of printed name of registered agent and tibe if applicable. (NOTE: Registered Agent signature required when reinstating) DATE		The second second		. <u>84</u>	City		85 Zip	Code		
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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	14 I hereby o	ertify that the information supplied with this filing do	es not qualify for th	e exempt	ion state	d in Section 119.07(3)(i), Florida Statutes, I further ce	rtify that the	information Lam an		

Country

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Name

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informed on this arrival report of supplemental arrival report is use and accounted and that my signature strain nave the same regarded as it made under oath, that if arrival 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 Plock 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

7-2-99 407 7996884 Date Date Phone #