

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000005102

FILED
Apr 07, 2006
Secretary of State

Entity Name: THE UNITED SPACE ALLIANCE ONE FUND CLUB, INC., FLORIDA CHAPTER

Current Principal Place of Business:

8550 ASTRONAUT BLVD
CAPE CANAVERAL, FL 32920

New Principal Place of Business:

Current Mailing Address:

8550 ASTRONAUT BLVD
USK-N29
CAPE CANAVERAL, FL 329204304 US

New Mailing Address:

FEI Number: 59-3383219

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: FEATHER, ROBERTA
Address: 2221 CATAWBA DR.
City-St-Zip: COCOA, FL 32926

Title: V () Delete
Name: DANIELS, LINAETTE
Address: 8550 ASTRONAUT BLVD
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: S () Delete
Name: WINKEL, MARTY
Address: 4374 LONGBOW DR
City-St-Zip: TITUSVILLE, FL

Title: T () Delete
Name: HERTZLER, SHARON
Address: 758 N. TROPICAL TRAIL
City-St-Zip: MERRITT ISLAND, FL 32953

Title: P () Delete
Name: WIMBERLY, SYLVIA
Address: 4921 MANCHESTER DR
City-St-Zip: ROCKLEDGE, FL 32955

Title: D () Delete
Name: JUDY SHOCKLEY,
Address: 1377 GARY DR
City-St-Zip: MERRITT ISLAND, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHARON HERTZLER

T

04/07/2006

Electronic Signature of Signing Officer or Director

Date