

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000005102

FILED  
Mar 25, 2009  
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:**

8550 ASTRONAUT BLVD  
USK-T34  
CAPE CANAVERAL, FL 32920

**Current Mailing Address:**

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

**New Mailing Address:**

8550 ASTRONAUT BLVD  
USK-T34  
CAPE CANAVERAL, FL 329204304 US

**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:**

CRANNELL, KATHLEEN M  
1100 LOCKHEED WAY  
TITUSVILLE, FL 32780 US

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: KATHLEEN M. CRANNELL

03/25/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: BRUNS, SELENE  
Address: 4465 SENECA AVE.  
City-St-Zip: COCOA, FL 32926

Title: V ( ) Delete  
Name: DANIELS, LINETTE  
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  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
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 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

03/25/2009

Electronic Signature of Signing Officer or Director

Date