

FILE NOW: FILING FEE IS \$61.25

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Mar 11 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000007197 (3)**

1. Corporation Name

**THE NATIONAL MANAGEMENT ASSOCIATION - EG&G FLORIDA CHAPTER, INC.**

Principal Place of Business <b>BOC-001 BLDG. M6-339 KENNEDY SPACE CENTER FL 32899</b>	Mailing Address <b>P.O. BOX 21083 KENNEDY SPACE CENTER FL 32815-0083</b>
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3. Date Incorporated or Qualified  
**12/30/1997**

4. FEI Number <b>59-3494901</b>	Applied For <input type="checkbox"/> Not Applicable
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**JOLLEY, RICHARD H  
BOC-001 BLDG. M6-339  
KENNEDY SPACE CENTER FL 32899**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
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 \_\_\_\_\_ DATE \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>DARWOOD, JOHN J</b>	
STREET ADDRESS	<b>BOC-001 BLDG. M6-339</b>	
CITY-ST-ZIP	<b>KENNEDY SPACE CENTER FL 32899</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MARTIN, ROBERT K</b>	
STREET ADDRESS	<b>BOC-001 BLDG. M6-339</b>	
CITY-ST-ZIP	<b>KENNEDY SPACE CENTER FL 32899</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>DORAN, DOROTHY L</b>	
STREET ADDRESS	<b>BOC-001 BLDG. M6-339</b>	
CITY-ST-ZIP	<b>KENNEDY SPACE CENTER FL 32899</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>JORGENSEN, JERRY G</b>	
STREET ADDRESS	<b>BOC-001 BLDG. M6-339</b>	
CITY-ST-ZIP	<b>KENNEDY SPACE CENTER FL 32899</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>WARREN, LINDA</b>	
STREET ADDRESS	<b>BOC-001 BLDG. M6-339</b>	
CITY-ST-ZIP	<b>KENNEDY SPACE CENTER FL 32899</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>PYLANT, JULIE</b>	
STREET ADDRESS	<b>BOC-001 BLDG. M6-339</b>	
CITY-ST-ZIP	<b>KENNEDY SPACE CENTER FL 32899</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>C/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Darwood, John J.</b>	
1.3 STREET ADDRESS	<b>BOC-005, Bldg. M6-495</b>	
1.4 CITY-ST-ZIP	<b>Kennedy Space Center FL 32899</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE	<b>P/D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>McDaniel, Michael E.</b>	
2.3 STREET ADDRESS	<b>BOC-321, Bldg K7-569</b>	
2.4 CITY-ST-ZIP	<b>Kennedy Space Center FL 32899</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE	<b>V</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>McBrearty, Sue</b>	
3.3 STREET ADDRESS	<b>BOC 160 Bldg. M6-399</b>	
3.4 CITY-ST-ZIP	<b>Kennedy Space Center, FL 32899</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.1 TITLE	<b>T/V</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>Krauss, Douglas</b>	
4.3 STREET ADDRESS	<b>BOC-321 Bldg K7-569</b>	
4.4 CITY-ST-ZIP	<b>Kennedy Space Center, FL 32899</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.1 TITLE	<b>S/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>Warren, Linda</b>	
5.3 STREET ADDRESS	<b>BOC-164 Bldg M6-399</b>	
5.4 CITY-ST-ZIP	<b>Kennedy Space Center, FL 32899</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: *[Signature]* **March 5 1998 407-667-3346**

CR2E037 (10/97)