

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 09, 2003 8:00 am**  
**Secretary of State**

4/16/

04-16-2003 90214 010 \*\*\*\*61.25

**DOCUMENT # N97000007197**



1. Entity Name  
**THE NATIONAL MANAGEMENT ASSOCIATION-SPACE GATEWAY SUPPORT CHAPTER, INC.**

Principal Place of Business  
**SPACE GATEWAY SUPPORT  
BLDG. 1708 CCAFS  
KENNEDY SPACE CENTER FL 32899**

Mailing Address  
**P.O. BOX 21083  
KENNEDY SPACE CENTER FL 32815-0083**

**55039134**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip

4. FEI Number **59-3494901**  
Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**BUTCHKO, MICHAEL J  
SGS-6380  
BLDG 1708, R&D ANNEX, CCAFS  
KENNEDY SPACE CENTER FL 32899**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CD MARTIN, ROBERT K 8810 ASTRONAUT BLVD STE 145 CAPE CANAVERAL FL 32920</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P DARWOOD, JOHN CHS-005 KENNEDY SPACE CENTER FL 32899</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D GUTIERREZ, SAMUEL SGS-6380, BLDG. 1708 CCAFS KENNEDY SPACE CENTER FL 32899</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>EVD RUTHERFORD, THERESA SGS-6400D, BLDG 1708 CCAFS KENNEDY SPACE CENTER FL 32899</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V TONHAUSER, ERNEST G RPI 178 BLDG M5 0399 RM 1210-A KENNEDY SPACE CENTER FL 32899</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T BOLTON, MICHAEL J WYLE 321 KENNEDY SPACE CENTER FL 32899</b> <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>Alan R. Watson CHS-361</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>D/C Bill Sande " "</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>EVP Robert Martin 8810 Astronaut Blvd Ste 145 Cape Canaveral FL 32920</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Sue Marnine CHS-005</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>T Ernest G. Tonhauser RPI-178 (same)</b>

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE: \_\_\_\_\_** **SIGNATURE REQUIRED** **4/12/03** **31-867-1182**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)