NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # N98000007132

1. Corporation Name

APOLLO ONE MEMORIAL FOUNDATION, INC.

Principal Place of Business
POST OFFICE BOX 115
CAPE CANAVERAL FL 32920-0115

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

Mailing Address

2a. Mailing Address

City & State

27

28

Suite, Apt. #, etc.

POST OFFICE BOX 115 CAPE CANAVERAL FL 32920-0115

## FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90183 014 \*\*\*\*61.25

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3. Date Incorporated or Qualifed

12/17/1998

59-3552527

5. Certificate of Status Desired

4. FEI Number

25   29   30   Trust Eurol Contribution   Added to Fees	Zip	Country	Zip	Country		6. Election Campaign Financing \$5,00 May Be		
MCCORMICK, ROGER 7695 PATTI DRIVE MERRITT ISLAND FL 32953-6508  82 Street Address (P.O. Box Number is Not Acceptable)  13. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the design of 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, are familiar with, and accept the obligations of, Section 617.0503, Florida Statutes, the component of the purpose of changing its registered agent, are familiar with, and accept the obligations of, Section 617.0503, Florida Statutes, the component of the purpose of changing its registered agent agent, are familiar with, and accept the obligations of, Section 617.0503, Florida Statutes, the component of the purpose of changing its registered agent agent of the purpose of changing its registered agent agent of the purpose of changing its registered agent agent of the purpose of changing its registered agent agent of the purpose of changing its registered agent agent of the purpose of changing its registered agent agent of the purpose of changing its registered agent of the purpose of changing its registered agent agent of the purpose of changing its registered agent	24	25	29 30	3				
MCCORMICK, ROGER 7695 PATTI DRIVE MERRITT ISLAND FL 32953-6508	Name and Address of Current Registered Agent							
## Addition   Table				81	Name			
MERRITI ISLAND FL 32953-6508    S					82 Street Address (P.O. Box Number is Not Acceptable)			
## City   FL   85 Zip Code				83				
The provisions of Sections 517.0502 and 817.1508, Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered argent, and familiar with, and accept the obligations of, Section 617.0503, Florids Statutes, agent, I and familiar with, and accept the obligations of, Section 617.0503, Florids Statutes, agent, I and familiar with, and accept the obligations of, Section 617.0503, Florids Statutes, agent, I and familiar with, and accept the obligations of, Section 617.0503, Florids Statutes, agent, I and familiar with, and accept the obligations of, Section 617.0503, Florids Statutes, agent, I and familiar with, and accept the obligations of, Section 617.0503, Florids Statutes, agent, I and familiar with, and accept the obligations of, Section 617.0503, Florids Statutes, agent, I and familiar with, and accept the obligations of, Section 617.0503, Florids Statutes, agent, I and familiar with, and accept the obligations of the	MERRITT IS	SLAND FL 32953-6508						
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12.	office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I necessary accept the appointment as registered							
12.	SIGNATURE	Signature typed or printed name of registered agent a	nd title if applicable. (NOTE: Re	gistered Agen	t signature n	required when reinstating) DATE		
12 NAME				13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
STREET ADDRESS   1,3 STREET ADDRESS   2098	TITLE		DELETE	1.1 TITLE		□ Change ☑ Addition		
CITY-ST-ZP    CITY-ST-ZP    PALM   MARBOR   FL 34683	NAME:			1.2 NAME		1, 4, 4		
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DELETE   DELETE   DELETE   DISTRICT   SLAND FL 32953   Addition	NAME			2.2 NAME	l	JOHN JOHNSON		
DELETE	STREET ADDRESS			2.3 STREET	ADDRESS			
NAME   32 NAME   ROGER   MCCORNICK	CITY-ST-ZIP			2. 4 CITY-S	T- ZIP			
33 STREET ADDRESS   34 CITY-ST-ZIP	TITLE		☐ DELETE	3.1 TITLE	į	1212		
3.4 CITY-ST-ZIP   MERRITT   SLAND FL 32.953	NAME			3.2 NAME		T		
DELETE	STREET ADDRESS			3.3 STREET	ADDRESS			
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### STREET ADDRESS   ### STREE	TITLE		□ DELETE	4.1 TITLE		Change Addition		
A 4 CITY-ST-ZIP   G-OR HAN NH 0 358	NAME			4.2 NAME		MARY ZORNIO		
TITLE         DELETE         5,1 TITLE         Change         Addition           NAME         52 NAME <td>STREET ADDRESS</td> <td></td> <td></td> <td>4.3 STREET</td> <td>ADDRESS</td> <td>6 SPRING- RD</td>	STREET ADDRESS			4.3 STREET	ADDRESS	6 SPRING- RD		
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CITY-ST-ZIP 6.4 CITY-ST-ZIP	NAME		•	6.2 NAME				
U11-30-2F	STREET ADDRESS			6.3 STREET	ADORESS			
	CITY-ST-ZIP							

. 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, with all other like empowered.

SIGNATURE

SIGN STEP QUREGEY M.COMICK 4-25-99 407-452-6876
UREAND TYPED OR PRINTED HANTE OF SIGNING OFFICER OR DIRECTOR

Date Daylime Phone #

CR2E037 (11/98)

Applied For

\$8.75 Additional

Fee Required

Not Applicable