FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 05, 1999 8:00 am
Secretary of State
05-05-1999 90183 014 ****61.25

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DOCUMENT # N98000007132

1. Corporation Name
APOLLO ONE MEMORIAL FOUNDATION, INC.

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

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26	12/17/1998
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3552527 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MCCORMICK, ROGER 7695 PATTI DRIVE MERRITT ISLAND FL 32953-6508	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	☐ DELETE	1.1 TITLE	D ☐ Change ☒ Addition
NAME		1.2 NAME	KATHERINE COOPER
STREET ADDRESS		1.3 STREET ADDRESS	3098 E BEECHER DR. UNIT E
CITY-ST-ZIP		1.4 CITY-ST-ZIP	PALM HARBOR FL 34683
TITLE	☐ DELETE	2.1 TITLE	D ☐ Change ☒ Addition
NAME		2.2 NAME	JOHN JOHNSON
STREET ADDRESS		2.3 STREET ADDRESS	310 NEWFOUND HARBOR DR.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	MERRITT ISLAND FL 32953
TITLE	☐ DELETE	3.1 TITLE	D/S ☐ Change ☒ Addition
NAME		3.2 NAME	ROGER McCORMICK
STREET ADDRESS		3.3 STREET ADDRESS	7695 PATTI DR
CITY-ST-ZIP		3.4 CITY-ST-ZIP	MERRITT ISLAND FL 32953
TITLE	☐ DELETE	4.1 TITLE	D ☐ Change ☒ Addition
NAME		4.2 NAME	MARY ZORNIO
STREET ADDRESS		4.3 STREET ADDRESS	6 SPRING RD
CITY-ST-ZIP		4.4 CITY-ST-ZIP	GORHAM NH 03581
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: Roger M. Cormick SIGNATURE REQUIRED Roger McCormick 4-25-99 407-452-6870
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)