

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90048 012 ****70.00

DOCUMENT # N98000007132

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3552527

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCCORMICK, ROGER
7695 PATTI DRIVE
MERRITT ISLAND FL 32953-6508**

Name

Beverly Kent

Street Address (P.O. Box Number is Not Acceptable)

508 Johns Pass Rd

City

Madiera Beach FL

Zip Code

33708

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.

SIGNATURE *Beverly Kent, Director*

3-18-02

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **COOPER, KATHERINE**
STREET ADDRESS **3098 E. BEECHER DR. UNIT E**
CITY-ST-ZIP **PALM HARBOR FL 34683**

TITLE **Director** ☐ Change ☒ Addition
NAME **Sheryl Chaffee Marshall**
STREET ADDRESS **135 Sea Park Blvd.**
CITY-ST-ZIP **Satellite Beach, FL 32937**

TITLE **D** ☐ Delete
NAME **JOHNSON, JOHN**
STREET ADDRESS **310 NEWFOUND HARBOR DR.**
CITY-ST-ZIP **MERRITT ISLAND FL 32953**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DS** ☒ Delete
NAME **MCCORMICK, ROGER**
STREET ADDRESS **7695 PATTI DRIVE**
CITY-ST-ZIP **MERRITT ISLAND FL 32953**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **KENT, BEVERLY**
STREET ADDRESS **508 JOHNS PASS AVE**
CITY-ST-ZIP **SAINT PETERSBURG FL 33708**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **KARCHER, DENNIS**
STREET ADDRESS **5001 THIRD AVE N**
CITY-ST-ZIP **SAINT PETERSBURG FL 33710**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Katherine Cooper* **Katherine Cooper 3-20-02 (727) 781-6558**

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CR2E037 (9/01)