# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jun 26, 2005**
**Secretary of State**

DOCUMENT# N98000007132

**Entity Name:** APOLLO ONE MEMORIAL FOUNDATION, INC.

**Current Principal Place of Business:**

POST OFFICE BOX 115
CAPE CANAVERAL, FL 329200115

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 115
CAPE CANAVERAL, FL 329200115

**New Mailing Address:**

**FEI Number: 59-3552527** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
**In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**

**Name and Address of Current Registered Agent:**

KENT, BEVERLY
508 JOHNS PASS RD
MADEIRA BEACH, FL 33708 US

**Name and Address of New Registered Agent:**

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: _____
Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete
Name: COOPER, KATHERINE
Address: 3098 E. BEECHER DR. UNIT E
City-St-Zip: PALM HARBOR, FL 34683

Title: D ( ) Delete
Name: JOHNSON, JOHN
Address: 310 NEWFOUND HARBOR DR.
City-St-Zip: MERRITT ISLAND, FL 32953

Title: D ( ) Delete
Name: CHAFFEE MARSHALL, SHERYL
Address: 135 SEA PARK BLVD
City-St-Zip: SATELLITE BEACH, FL 32937

Title: D ( ) Delete
Name: KENT, BEVERLY
Address: 508 JOHNS PASS AVE
City-St-Zip: SAINT PETERSBURG, FL 33708

Title: D (X) Delete
Name: KARCHER, DENNIS
Address: 5001 THIRD AVE N
City-St-Zip: SAINT PETERSBURG, FL 33710

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHERINE COOPER D 06/26/2005
Electronic Signature of Signing Officer or Director — Date