2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2006 08:00 A
Secretary of State

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

DO NOT WRITE IN THIS SPACE

01252006 No Chg-NP CR2E037 (11/05)

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

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

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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)

Filing Fee is $61.25
Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	COOPER, KATHERINE
STREET ADDRESS	3098 E. BEECHER DR. UNIT E
CITY-ST-ZIP	PALM HARBOR, FL 34683
TITLE	D
NAME	JOHNSON, JOHN
STREET ADDRESS	310 NEWFOUND HARBOR DR.
CITY-ST-ZIP	MERRITT ISLAND, FL 32953
TITLE	D
NAME	CHAFFEE MARSHALL, SHERYL
STREET ADDRESS	135 SEA PARK BLVD
CITY-ST-ZIP	SATELLITE BEACH, FL 32937
TITLE	D
NAME	KENT, BEVERLY
STREET ADDRESS	508 JOHNS PASS AVE
CITY-ST-ZIP	SAINT PETERSBURG, FL 33708
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/25/06-80005-017 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Beverly Kent 1/28/06 727-391-8473
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #