



**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 07, 2007 08:00 AM
Secretary of State

DOCUMENT # N98000007132 1. Entity Name APOLLO ONE MEMORIAL FOUNDATION, INC.	
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Principal Place of Business POST OFFICE BOX 115 CAPE CANAVERAL, FL 32920-0115	Mailing Address POST OFFICE BOX 115 CAPE CANAVERAL, FL 32920-0115
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DO NOT WRITE IN THIS SPACE



02042007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3552527	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

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

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02/14/07-80066-023 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: Katherine Cooper **2/14/07** **727-4158201**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #