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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P18331** **(9)**

1. Corporation Name
UNITED STATES SPACE CAMP FOUNDATION, INC.

Principal Place of Business	Mailing Address
6225 VECTORSPACE BLVD. TITUSVILLE FL 32780	6225 VECTORSPACE BLVD. TITUSVILLE FL 32780

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/08/1988
3a. Date of Last Report: 01/31/1994
4. FEI Number: 63-0962646 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LUPFER, WILLIAM G. 6225 VECTORSPACE BLVD TITUSVILLE 32780-5040	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 607.0502 and 607.1508, 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 607.0505, 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	D	11 TITLE	☐ Change ☐ Addition
NAME	BEASON, GEORGE	12 NAME	000001443340
STREET ADDRESS	1206 DEBORAH DRIVE	13 STREET ADDRESS	-03/29/95--01101--016
CITY-ST-ZIP	SE HUNTSVILLE AL	14 CITY-ST-ZIP	*****61.25 *****61.25
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	DAVIS, DAVID	22 NAME	
STREET ADDRESS	2233 NORTH SECOND AVENUE	23 STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM AL	24 CITY-ST-ZIP	
TITLE	VC	31 TITLE	☐ Change ☐ Addition
NAME	GILLESPIE, MIKE	32 NAME	
STREET ADDRESS	612 HOLMES AVENUE	33 STREET ADDRESS	
CITY-ST-ZIP	HUNTSVILLE AL	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	PENNINGTON, HARRY	42 NAME	
STREET ADDRESS	5807 LENLOCK CIRCLE	43 STREET ADDRESS	
CITY-ST-ZIP	HUNTSVILLE AL	44 CITY-ST-ZIP	
TITLE	ST	51 TITLE	☐ Change ☐ Addition
NAME	LUCAS, DR. WILLIAM	52 NAME	
STREET ADDRESS	6805 CRINER ROAD	53 STREET ADDRESS	
CITY-ST-ZIP	SE HUNTSVILLE AL	54 CITY-ST-ZIP	
TITLE	C	61 TITLE	☐ Change ☐ Addition
NAME	JONES, OLIVER	62 NAME	
STREET ADDRESS	RT. 1, BOX 293-B1	63 STREET ADDRESS	
CITY-ST-ZIP	KILLEN AL	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Oliver Jones, Chairman 3/10/95 (205) 721-7105
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0003907