

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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 VECTORSACE BLVD.  
TITUSVILLE FL 32780

6225 VECTORSACE BLVD.  
TITUSVILLE FL 32780

3. Date Incorporated or Qualified 03/08/1988  
3a. Date of Last Report 03/28/1995

2. Principal Place of Business 2a. Mailing Address

21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.

22. City & State 27. City & State

23. Zip Country 28. Zip Country

24. 25. 29. 30.

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LUPFER, WILLIAM G.  
6225 VECTORSACE BLVD  
TITUSVILLE FL 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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	VC <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEASON, GEORGE	1.2 NAME	
STREET ADDRESS	1206 DEBORAH DRIVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	SE HUNTSVILLE AL	1.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, DAVID	2.2 NAME	
STREET ADDRESS	2233 NORTH SECOND AVENUE	2.3 STREET ADDRESS	
CITY - ST - ZIP	BIRMINGHAM AL	2.4 CITY - ST - ZIP	
TITLE	VC <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILLESPIE, MIKE	3.2 NAME	
STREET ADDRESS	612 HOLMES AVENUE	3.3 STREET ADDRESS	
CITY - ST - ZIP	HUNTSVILLE AL	3.4 CITY - ST - ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PENNINGTON, HARRY	4.2 NAME	DOM, JIM
STREET ADDRESS	5807 LENLOCK CIRCLE	4.3 STREET ADDRESS	511 OAK NORTHEAST
CITY - ST - ZIP	HUNTSVILLE AL	4.4 CITY - ST - ZIP	DECATUR, AL
TITLE	ST <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUCAS, DR. WILLIAM	5.2 NAME	
STREET ADDRESS	6805 CRINER ROAD	5.3 STREET ADDRESS	
CITY - ST - ZIP	SE HUNTSVILLE AL	5.4 CITY - ST - ZIP	
TITLE	C <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, OLIVER	6.2 NAME	D
STREET ADDRESS	RT. 1, BOX 293-B1	6.3 STREET ADDRESS	
CITY - ST - ZIP	KILLEN AL	6.4 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:

George Beason

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)