

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P18331

1. Corporation Name

UNITED STATES SPACE CAMP FOUNDATION, INC.

Principal Place of Business

6225 VECTORSPEACE BLVD.  
TITUSVILLE FL 32780

Mailing Address

6225 VECTORSPEACE BLVD.  
TITUSVILLE FL 32780

FILED  
Feb 27, 1999 8:00 am  
Secretary of State

02-27-1999 90018 037 \*\*\*\*61.25

0015313



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/08/1988	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 63-0962646	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	10. Name and Address of New Registered Agent	
9. Name and Address of Current Registered Agent				81 Name	
LUPFER, WILLIAM G. 6225 VECTORSPEACE BLVD TITUSVILLE FL 32780-5040				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				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 _____ DATE _____ (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS					
TITLE	VC	<input type="checkbox"/> DELETE			
NAME	BEASON, GEORGE				
STREET ADDRESS	1206 DEBORAH DRIVE				
CITY-ST-ZIP	SE HUNTSVILLE AL				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	STALLWORTH, JOHN				
STREET ADDRESS	401 WYNN DRIVE NW				
CITY-ST-ZIP	HUNTSVILLE AL 35805				
TITLE	C	<input type="checkbox"/> DELETE			
NAME	GILLESPIE, MIKE				
STREET ADDRESS	612 HOLMES AVENUE				
CITY-ST-ZIP	HUNTSVILLE AL				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	ODOM, JIM				
STREET ADDRESS	511 OAK NE				
CITY-ST-ZIP	DECATUR AL				
TITLE	ST	<input type="checkbox"/> DELETE			
NAME	LUCAS, DR. WILLIAM				
STREET ADDRESS	6805 CRINER ROAD				
CITY-ST-ZIP	SE HUNTSVILLE AL				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	JONES, OLIVER				
STREET ADDRESS	RT. 1, BOX 293-B1				
CITY-ST-ZIP	KILLEN AL				
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE					
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE					
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE					
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE					
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

CR2E037 (11/98)