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Jan 27 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 711915 (9)

1. Corporation Name

THE NAVAL AVIATION MUSEUM FOUNDATION, INC.

Principal Place of Business

NAVAL AIR STATION
P O BOX 33104
PENSACOLA FL 32508-3104

Mailing Address

NAVAL AIR STATION
P O BOX 33104
PENSACOLA FL 32508-3104



3. Date Incorporated or Qualified
12/05/1966

3a. Date of Last Report
01/25/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

4. FEI Number

59-6178237

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

~~FURLONG, JR. RADM GEORGE M. USN~~
~~NAVAL AVIATION MUSEUM~~
~~PENSACOLA FL 32508~~

81 Name
FETTERMAN VADM J.H.

82 Street Address (P.O. Box Number is Not Acceptable)
24 LAWSIDE DRIVE

83

84 City
PENSACOLA

FL 85 Zip Code
32507

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 J.H. FETTERMAN, PRESIDENT & CEO

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

(NOTE: Registered Agent signature required when reinstating)

DATE 1/13/1997

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VD ☒ DELETE
NAME ~~CAGLE, VADM M W~~
STREET ADDRESS ~~MUSEUM FOUNDATION~~
~~PENSACOLA FL~~

1.1 TITLE CD ☐ Change ☒ Addition
1.2 NAME HARDISTY ADM H.
1.3 STREET ADDRESS P.O. BOX 2 "NA"
1.4 CITY-ST-ZIP BLOOMFIELD, CT 06002

TITLE V ☐ DELETE
NAME WHIBBS, VINCE
STREET ADDRESS 3201 NAVY BLVD
CITY-ST-ZIP PENSACOLA FL

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP 32505

TITLE ~~ST~~ ☐ DELETE
NAME HAWKINS, CAPT A R
STREET ADDRESS 5283 PALE MOON DR
CITY-ST-ZIP PENSACOLA FL

3.1 TITLE SD ☒ Change ☒ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP 32507

TITLE V ☐ DELETE
NAME ROGERS, E. EARLE, II
STREET ADDRESS 4515 BRICKYARD BAYOU RD.
CITY-ST-ZIP GULF BREEZE FL

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP 32561

TITLE PD ☐ DELETE
NAME FETTERMAN, VADM J.H. RET
STREET ADDRESS ~~3731 MCCLELLAN RD.~~
CITY-ST-ZIP ~~PENSACOLA FL 32303~~

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS 24 LAWSIDE DR.
5.4 CITY-ST-ZIP PENSACOLA, FL 32507

TITLE ~~VD~~ ☒ DELETE
NAME ~~TUTTLE, RADM M H~~
STREET ADDRESS ~~55 STAR LAKE DR~~
CITY-ST-ZIP ~~PENSACOLA FL~~

6.1 TITLE TD ☐ Change ☒ Addition
6.2 NAME HAYES, MORRIS L.
6.3 STREET ADDRESS 344 CHANTARENE DR.
6.4 CITY-ST-ZIP PENSACOLA, FL 32507

14. I do 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.

SIGNATURE: J.H. FETTERMAN REQUIRED 1/13/1997

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0074880

CR2E037 (9/96)