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Feb 04 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

3. Date Incorporated or Qualified: 12/05/1966

4. FEI Number: 59-6178237 ☐ Applied For ☐ Not Applicable

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

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

FETTERMAN, VADM J.H.
24 LAKESIDE DR
PENSACOLA FL 32507

10. Name and Address of New Registered Agent

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 _____ 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	CD	☐ DELETE	1.1 TITLE	Secretary/Legal	☒ Change ☒ Addition
NAME	HARDISTY, ADAM H		1.2 NAME	ELLIS, CHARLES E. CAPT	
STREET ADDRESS	P.O. BOX 2 "N/A"		1.3 STREET ADDRESS	7603 HELMS ROAD	
CITY-ST-ZIP	BLOOMFIELD CT		1.4 CITY-ST-ZIP	PENSACOLA, FL 32526	
TITLE	V	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	WHIBBS, VINCE		2.2 NAME		
STREET ADDRESS	3201 NAVY BLVD		2.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL		2.4 CITY-ST-ZIP		
TITLE	SD	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	HAWKINS, CAPT A R		3.2 NAME		
STREET ADDRESS	5263 PALE MOON DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL		3.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	ROGERS, E. EARLE, II		4.2 NAME		
STREET ADDRESS	4515 BRICKYARD BAYOU RD.		4.3 STREET ADDRESS		
CITY-ST-ZIP	GULF BREEZE FL		4.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	FETTERMAN, VADM J.H. RET		5.2 NAME		
STREET ADDRESS	24 LAKESIDE DR		5.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL		5.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	HAYES, MORRIS L		6.2 NAME		
STREET ADDRESS	3414 CHANTARENE DR		6.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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.

SIGNATURE: CHARLES E. ELLIS/SECRETARY SIGNATURE REQUIRED Charles E. Ellis 07 Jan 1998 (850)453-2389