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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
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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
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3. Date Incorporated or Qualified

12/05/1966

4. FEI Number

59-6178237

Applied For

Not Applicable

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

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

10. Name and Address of New Registered Agent

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

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	CD	☐ DELETE
NAME	HARDISTY, ADAM H	
STREET ADDRESS	P.O. BOX 2 "N/A"	
CITY-ST-ZIP	BLOOMFIELD CT	

1.1 TITLE	Secretary / Legal	☒ Change ☒ Addition
1.2 NAME	ELLIS, CHARLES E. CAPT	
1.3 STREET ADDRESS	7603 HELMS ROAD	
1.4 CITY-ST-ZIP	PENSACOLA, FL 32526	

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		

TITLE	SD	☒ DELETE
NAME	HAWKINS, CAPT A R	
STREET ADDRESS	5263 PALE MOON DR	
CITY-ST-ZIP	PENSACOLA FL	

3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

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		

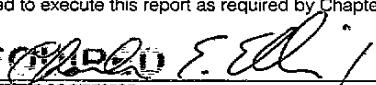
TITLE	PD	☐ DELETE
NAME	FETTERMAN, VADM J.H. RET	
STREET ADDRESS	24 LAKESIDE DR	
CITY-ST-ZIP	PENSACOLA FL	

5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

TITLE	TD	☐ DELETE
NAME	HAYES, MORRIS L	
STREET ADDRESS	3414 CHANTARENE DR	
CITY-ST-ZIP	PENSACOLA FL	

6.1 TITLE		☐ Change ☐ Addition
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.

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

CR2E037 (10/97)