FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1999**

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

FILED
99 JAN 21 AM 10:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # **711915**

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 12/05/1966
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-6178237 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☒ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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 _____ 15 JAN 1999
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	1.1 TITLE	☐ Change ☐ Addition
NAME	HARDISTY, ADAM H		1.2 NAME	600002755496--7
STREET ADDRESS	P.O. BOX 2 "N/A"		1.3 STREET ADDRESS	-01/26/99--01073--007
CITY-ST-ZIP	BLOOMFIELD CT		1.4 CITY-ST-ZIP	*****70.00 *****70.00
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	S	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	ELLIS, CHARLES E CAPT		3.2 NAME	
STREET ADDRESS	7603 HELMS ROAD		3.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32526		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	TD 1/22/99 99AR
CITY-ST-ZIP	PENSACOLA FL		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.

SIGNATURE: SIGNATURE REQUIRED 15 JAN 1999 (850) 453-2389
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)