

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 711915

1. Entity 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 FLA 32508-3104

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-6178237

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE CD ☐ Change ☒ Addition
NAME EDNEY, LEON A.
STREET ADDRESS 170 ACADIA WAY
CITY-ST-ZIP CORONADO, CA 92118

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☐ Delete
NAME ELLIS, CHARLES E CAPT
STREET ADDRESS 7603 HELMS ROAD
CITY-ST-ZIP PENSACOLA FL 32526

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CHARLES E. ELLIS, JR.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90073 018 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)

7 JAN 2000 (850) 453-2389