2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 711915

FILED
Feb 20, 2002 8:00 AM
Secretary of State

Entity Name: THE NAVAL AVIATION MUSEUM FOUNDATION, INC.

Current Principal Place of Business:

NAVAL AIR STATION
P O BOX 33104
PENSACOLA, FL 325083104

New Principal Place of Business:

Current Mailing Address:

NAVAL AIR STATION
P O BOX 33104
PENSACOLA, FL 325083104

New Mailing Address:

FEI Number: 59-6178237 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: ______________________________

Electronic Signature of Registered Agent   Date

OFFICERS AND DIRECTORS:

Title: CD ( ) Delete
Name: EDNEY, LEON A
Address: 170 ACADIA WAY
City-St-Zip: CORONADO, CA 92118

Title: V ( ) Delete
Name: WHIBBS, VINCE,
Address: 3201 NAVY BLVD
City-St-Zip: PENSACOLA, FL

Title: S ( ) Delete
Name: ELLIS, CHARLES E CAPT
Address: 7603 HELMS ROAD
City-St-Zip: PENSACOLA, FL 32526

Title: V ( ) Delete
Name: ROGERS, E. EARLE, II,
Address: 4515 BRICKYARD BAYOU RD.
City-St-Zip: GULF BREEZE, FL

Title: PD ( ) Delete
Name: FETTERMAN, VADM J.H., RET
Address: 24 LAKESIDE DR
City-St-Zip: PENSACOLA, FL

Title: TD ( ) Delete
Name: HAYES, MORRIS L
Address: 3414 CHANTARENE DR
City-St-Zip: PENSACOLA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEON A. EDNEY   CD   02/20/2002

Electronic Signature of Signing Officer or Director   Date