

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N01000005950**

FILED

1. Entity Name
The Jacksonville Museum of War and History, Inc.

02 MAY -1 AM 11:06

Principal Place of Business Mailing Address
**P.O. Box 3373
Ponte Vedra Beach, FL
32004**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business **P.O. Box 3373**

3. Mailing Address **P.O. Box 3373**

Suite, Apt. #, etc. **Ponte Vedra, Florida**

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number **59-3757843** Applied For Not Applicable

Zip **32004** Country **USA**

Zip Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**Joy Lockerby
100 Fairway Park Blvd. No. 701
Ponte Vedra, Florida 32082**

7. Name and Address of New Registered Agent
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW:
FEE IS \$81.25**

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 **President** Delete
NAME **Frank Hanna**
STREET ADDRESS **28 Eagle Crest Path**
CITY-ST-ZIP **Palm Coast, Florida 32164**

TITLE Change Addition
NAME **600005509416**
STREET ADDRESS **-05/14/02--01057--023**
CITY-ST-ZIP *******61.25 *****61.25**

TITLE **Treasurer** Delete
NAME **Scott Hanna**
STREET ADDRESS **515 Green blades Court**
CITY-ST-ZIP **Arnold, Maryland 21012**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Secretary** Delete
NAME **Jill Fries**
STREET ADDRESS **402 Halsey RD**
CITY-ST-ZIP **ANNAPOLIS, MD 21401**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Public Relations Director** Delete
NAME **Joy Lockerby**
STREET ADDRESS **100 Fairway Park Blvd. 701**
CITY-ST-ZIP **Ponte Vedra, FL 32082**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **Eric Nappier**
STREET ADDRESS **No. 1210
7595 Bay Meadows Circle West**
CITY-ST-ZIP **Jacksonville, Florida 32256**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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: **Joy Lockerby**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/02 (904) 285-4001
Date Daytime Phone #

CR2E037 (1/00)