FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 24 AM 8:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000003959 (3)

1. Corporation Name
USS SARATOGA MUSEUM FOUNDATION, INC.

Principal Place of Business	Mailing Address
3 INDEPENDENT DRIVE JACKSONVILLE FL 32202	3 INDEPENDENT DRIVE JACKSONVILLE FL 32202

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/08/1994
3a. Date of Last Report:
4. FEI Number: 59-3258175 ☐ Applied For ☐ Not Applicable
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business — 21: 420-B WHARFSIDE WAY
22: Suite, Apt. #, etc.
23: City & State
24: Zip 32207 — 25: Country

2a. Mailing Address — 26: SAME
27: Suite, Apt. #, etc.
28: City & State
29: Zip — 30: Country

9. Name and Address of Current Registered Agent

MARES, CHARLES
3 INDEPENDENT DRIVE
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 420-B WHARFSIDE WAY
83
84 City: JACKSONVILLE FL 85 Zip Code: 32207

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	BROWN, ELAINE	12 NAME	
STREET ADDRESS	1718 ATLANTIC BLVD	13 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	CHENEY, ANDREW B	22 NAME	
STREET ADDRESS	P.O. BOX 990 N/A	23 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32231	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	COLEMAN, JOSEPH	32 NAME	
STREET ADDRESS	5141 SANTA CRUZ LANE	33 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32210	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	DAVIS, DON	42 NAME	
STREET ADDRESS	P.O. BOX 23827	43 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32241	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	ESTES, STEVEN C	52 NAME	
STREET ADDRESS	4740 APACHE AVE.	53 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32210	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	HERBERT, ADAM W	62 NAME	
STREET ADDRESS	4567 ST. JOHNS BLUFF ROAD	63 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32216	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 Mares — 4-18-95 — 904-858-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
CHARLES MARES

0694700