

**2019 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N00000005982

**Entity Name:** MILITARY HERITAGE MUSEUM, INC.

**Current Principal Place of Business:**

900 W MARION AVE.  
PUNTA GORDA, FL 33950

**Current Mailing Address:**

1200 W. RETTA ESPLANADE  
UNIT 48  
PUNTA GORDA, FL 33950 US

**FEI Number:** 65-1036360

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BUTLER, GARY P  
1200 W. RETTA ESPLANADE  
#48  
PUNTA GORDA, FL 33950 US

*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

**Officer/Director Detail :**

Title           TREASURER  
Name           KERSCH, CHARLES  
Address        3835 TRIPOLI BLVD  
City-State-Zip: PUNTA GORDA FL 33950

Title           SECRETARY  
Name           HARRIS, ROBERT  
Address        1401 SEA GULL CT.  
City-State-Zip: PUNTA GORDA FL 33950

Title           PRESIDENT  
Name           SMITH-MOONEY, MARILYN  
Address        654 ANDROS CT  
City-State-Zip: PUNTA GORDA FL 33950

Title           DIRECTOR  
Name           BUCKINGHAM, FREDRIC  
Address        2224 CASSINO CT  
City-State-Zip: PUNTA GORDA FL 33950

Title           DIRECTOR  
Name           HARRIS, ROBERT SAM  
Address        1401 SEA GULL CT.  
City-State-Zip: PUNTA GORDA FL 33950

Title           DIRECTOR  
Name           MATTHEWS , LYNNE  
Address        1256 PINE SISKIN DR.  
City-State-Zip: PUNTA GORDA FL 33950

Title           DIRECTOR  
Name           METCALFE , C.J.  
Address        3507 DILEUCA ST.  
City-State-Zip: PUNTA GORDA FL 33950

Title           VP  
Name           WOOSTER, MIKE  
Address        668 W. OLYMPIA AVE.  
City-State-Zip: PUNTA GORDA FL 33950

**Continues on page 2**

*I hereby 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 all other like empowered.*

**SIGNATURE:** MARILYN SMITH-MOONEY

**PRESIDENT**

**10/22/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            HOWARD, JACK MOE  
Address        2521 RIO LISBO COURT  
City-State-Zip: PUNTA GORDA FL 33950