

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000005982

**FILED**  
**Jan 27, 2021**  
**Secretary of State**  
**8249262374CC**

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

**Current Principal Place of Business:**

900 W MARION AVE.  
PUNTA GORDA, FL 33950

**Current Mailing Address:**

900 W MARION AVE.  
PUNTA GORDA, FL 33950 US

**FEI Number:** 65-1036360

**Certificate of Status Desired:** Yes

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

BUTLER, GARY P  
1729 SUZI STREET  
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 SECRETARY  
Name HARRIS, ROBERT S  
Address 1401 SEA GULL CT.  
City-State-Zip: PUNTA GORDA FL 33950

Title PRESIDENT  
Name KOCH, REXFORD R.  
Address 1446 CASEY KEY DRIVE  
City-State-Zip: PUNTA GORDA FL 33950

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

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

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

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

Title DIRECTOR  
Name MOONEY, MARILYN  
Address 654 ANDROS COURT  
City-State-Zip: PUNTA GORDA FL 33950

Title DIRECTOR  
Name BURDA III, ALOIS J  
Address 737 SILK OAK DRIVE  
City-State-Zip: VENICE FL 34293

**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:** REXFORD KOCH

**PRESIDENT**

**01/27/2021**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name DIONISIO, STEPHEN  
Address 47 DONIPHAN DR  
City-State-Zip: PORT CHARLOTTE FL 33954

Title DIRECTOR  
Name KLEIN, DAVID  
Address 1600 TAMIAMI TRAIL  
STE 101  
City-State-Zip: PORT CHARLOTTE FL 33948

Title DIRECTOR  
Name GRANT OLIVER, VANESSA  
Address 4351 PINNACLE STREET  
City-State-Zip: CHARLOTTE HARBOR FL 33980

Title DIRECTOR  
Name DAVID , MARTENS  
Address 3606 TRIPOLI BLVD.  
City-State-Zip: PUNTA GORDA FL 33950

Title DIRECTOR  
Name FRANCIS, RANDALL  
Address 18401 MURDOCK CIRCLE  
SUITE B  
City-State-Zip: PORT CHARLOTTE FL 33948

Title DIRECTOR  
Name WEISENSEE, LORY  
Address 100 TAMIAMI TRAIL  
City-State-Zip: PORT CHARLOTTE FL 33953