

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Jan 10, 2018
Secretary of State
CC8581539688

Entity Name: MILITARY HERITAGE MUSEUM, INC.

Current Principal Place of Business:

1200 W. RETTA ESPLANADE
UNIT 48
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:

ROTH, KATHLEEN K PHD
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: KATHLEEN K. ROTH

01/10/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER
Name KERSCH, CHARLES
Address 1200 W. RETTA ESPLANADE
 UNIT 48
City-State-Zip: PUNTA GORDA FL 33950

Title SECRETARY
Name MALLONEE, JAMES
Address 946 TAMIAMI TRAIL
 #206
City-State-Zip: PORT CHARLOTTE FL 33953

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

Title VP
Name CAMPAGNE, FRANK
Address 19171 AVIATION CT
City-State-Zip: PORT CHARLOTTE FL 33948

Title DIRECTOR
Name BROWN, LARRY
Address 137 PURUS ST
City-State-Zip: PUNTA GORDA FL 33983

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

Title DIRECTOR
Name GERONIME, EUGENE
Address 2610 TARPON COVE DRIVE
 421
City-State-Zip: PUNTA GORDA FL 33950

Title DIRECTOR
Name GOFF, MICHAEL
Address 3001 PALM DRIVE
City-State-Zip: PUNTA GORDA FL 33950

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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

01/10/2018

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name DICKINSON, ROBERT
Address 23430 NELSON AVE
City-State-Zip: PORT CHARLOTTE FL 33954