

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

DOCUMENT # 736524 (0)
1. Corporation Name
AIR FORCE ARMAMENT MUSEUM FOUNDATION, INC.

95 FEB -7 PM 4:29

Principal Place of Business Mailing Address
100 MUSEUM DRIVE EGLIN AIR FORCE BASE FL 32542-1497 US
100 MUSEUM DRIVE EGLIN AIR FORCE BASE FL 32542-1497 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/04/1976	3a. Date of Last Report 01/31/1994
4. FEI Number 59-1748629	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
	Country 30

9. Name and Address of Current Registered Agent
**ROBERTS, RANDALL P
188 GRANDVIEW AVE
VALPARAISO FL 32580**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	CD
NAME	RUCKEL, C. WALTER
STREET ADDRESS	23 JOHN SIMS PKWY
CITY - ST - ZIP	VALPARAISO FL
TITLE	PD
NAME	MANOR, LEROY J
STREET ADDRESS	92 COUNTRY CLUB RD
CITY - ST - ZIP	SHALIMAR FL
TITLE	VD
NAME	KABASE, FRANK
STREET ADDRESS	35 LONGWOOD DR
CITY - ST - ZIP	SHALIMAR FL
TITLE	VD
NAME	SPENCE, WALTER F, SR
STREET ADDRESS	301 BAYSHORE DR
CITY - ST - ZIP	NICEVILLE FL
TITLE	SD
NAME	STREIT, JOHN P
STREET ADDRESS	228 LAFITTE CRESC
CITY - ST - ZIP	FT WALTON BCH FL
TITLE	YD
NAME	DAVIS, JOSEPH JR
STREET ADDRESS	33 BAYSHORE DR
CITY - ST - ZIP	SHALIMAR FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 10.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with my title.

SIGNATURE: _____ DATE: **1/31/95** (901) 651-1808