

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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



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

3. Date Incorporated or Qualified: 08/04/1976  
3a. Date of Last Report: 02/07/1995  
4. FEI Number: 59-1748629  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-30) fields for Suite, Apt. #, City & State, Zip, and Country.

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 (81-85) fields for Name, Street Address, City, and Zip Code.

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when re-instating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	RUCKEL, C. WALTER	
STREET ADDRESS	23 JOHN SIMS PKWY	
CITY-ST-ZIP	VALPARAISO FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	MANOR, LEROY J	
STREET ADDRESS	92 COUNTRY CLUB RD	
CITY-ST-ZIP	SHALIMAR FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	KABASE, FRANK	
STREET ADDRESS	35 LONGWOOD DR	
CITY-ST-ZIP	SHALIMAR FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SPENCE, WALTER F, SR	
STREET ADDRESS	301 BAYSHORE DR	
CITY-ST-ZIP	NICEVILLE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	STREIT, JOHN P	
STREET ADDRESS	228 LAFITTE CRESC	
CITY-ST-ZIP	FT WALTON BCH FL	
TITLE	TD	<input type="checkbox"/> DELETE
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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ 4/12/96 904 651-1808  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)