

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90046 011 ****61.25

DOCUMENT # 736524

1. Entity Name

AIR FORCE ARMAMENT MUSEUM FOUNDATION, INC.

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1748629

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROBERTS, RANDALL P
188 GRANDVIEW AVE
VALPARAISO FL 32580

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **CD** Delete
 NAME **RUCKEL, C. WALTER**
 STREET ADDRESS **23 JOHN SIMS PKWY**
 CITY-ST-ZIP **VALPARAISO FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **PD** Delete
 NAME **FORNELL, GORDON E**
 STREET ADDRESS **202 BAYWIND DRIVE**
 CITY-ST-ZIP **NICEVILLE FL 32578**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VD** Delete
 NAME **ROPER, DANIEL L**
 STREET ADDRESS **1005 MAR WALT DRIVE**
 CITY-ST-ZIP **FORT WALTON BEACH FL 32547**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VD** Delete
 NAME **SPENCE, WALTER F, SR**
 STREET ADDRESS **301 BAYSHORE DR**
 CITY-ST-ZIP **NICEVILLE FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** Delete
 NAME **STREIT, JOHN P**
 STREET ADDRESS **228 LAFITTE CRESC**
 CITY-ST-ZIP **FT WALTON BCH FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** Delete
 NAME **DAVIS, JOSEPH JR**
 STREET ADDRESS **33 BAYSHORE DR**
 CITY-ST-ZIP **SHALIMAR FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

(Handwritten Signature)
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Handwritten) Davis, Jr., Treasurer

Date

(Handwritten) 1/31/02 (850) 651-1808

Daytime Phone #

CR2E037 (9/01)