


2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 21, 2004 08:00 AM
Secretary of State

DOCUMENT # 736524

1. Entity Name
AIR FORCE ARMAMENT MUSEUM FOUNDATION, INC.



Principal Place of Business Mailing Address

100 MUSEUM DRIVE 100 MUSEUM DRIVE
EGLIN AIR FORCE BASE, FL 32542-1497 US EGLIN AIR FORCE BASE, FL 32542-1497 US

DO NOT WRITE IN THIS SPACE



04092004 No Chg-NP CR2E037 (10/03)

4. FEI Number Applied For
59-1748629 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROBERTS, RANDALL P
188 GRANDVIEW AVE
VALPARAISO, FL 32580

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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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

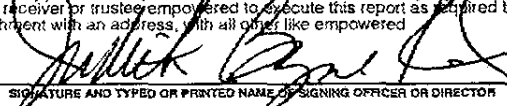
00000122854
04/21/04-80048-003 61.25

10. OFFICERS AND DIRECTORS

TITLE	CD
NAME	RUCKEL, C. WALTER
STREET ADDRESS	23 JOHN SIMS PKWY
CITY-ST-ZIP	VALPARISO, FL
TITLE	PD
NAME	FORNELL, GORDON E
STREET ADDRESS	202 BAYWIND DRIVE
CITY-ST-ZIP	NICEVILLE, FL 32578
TITLE	VD
NAME	ROPER, DANIEL L
STREET ADDRESS	1005 MAR WALT DRIVE
CITY-ST-ZIP	FORT WALTON BEACH, FL 32547
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	TD
NAME	RILEY, JUDITH BYRNE
STREET ADDRESS	1501 BAYSHORE DR.
CITY-ST-ZIP	NICEVILLE, FL 32578

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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:  4/15/04 850 678 7813
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Judith Byrne Riley, Treasurer Daytime Phone #