

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

4/15/08
CK#4704 for \$70.00
mailed **FILED**
Apr 17 2008 08:00 A
Secretary of State



DOCUMENT # 736524
1. Entity 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**



04102008 No Chg-NP CR2E037 (4/06)

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4. FEI Number
59-1748629

Applied For
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, 2008**

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

000000905011
05/01/08-80035-021 70.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD RUCKEL, C. WALTER 23 JOHN SIMS PKWY VALPARAISO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FORNELL, GORDON E 202 BAYWIND DRIVE NICEVILLE, FL 32578
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROPER, DANIEL L 1005 MAR WALT DRIVE FORT WALTON BEACH, FL 32547
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SPENCE, WALTER F, SR 301 BAYSHORE DR NICEVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD O'KEEFE, TIM 1317 BAYSHORE DRIVE NICEVILLE, FL 32578
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RILEY, JUDITH BYRNE 1501 BAYSHORE DR. NICEVILLE, FL 32578

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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: *Judith Byrne Riley* **Judith Byrne Riley** 4-15-8 850-651-1808
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Treasurer