

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 736524

FILED
Mar 26, 2009
Secretary of State

Entity Name: AIR FORCE ARMAMENT MUSEUM FOUNDATION, INC.

Current Principal Place of Business:

100 MUSEUM DRIVE
EGLIN AIR FORCE BASE, FL 325421497 US

New Principal Place of Business:

Current Mailing Address:

100 MUSEUM DRIVE
EGLIN AIR FORCE BASE, FL 325421497 US

New Mailing Address:

FEI Number: 59-1748629 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ROBERTS, RANDALL P
188 GRANDVIEW AVE
VALPARAISO, FL 32580 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: RUCKEL, C. WALTER
Address: 23 JOHN SIMS PKWY
City-St-Zip: VALPARAISO, FL

Title: PD () Delete
Name: FORNELL, GORDON E
Address: 202 BAYWIND DRIVE
City-St-Zip: NICEVILLE, FL 32578

Title: VD () Delete
Name: ROPER, DANIEL L
Address: 1005 MAR WALT DRIVE
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: VD () Delete
Name: SPENCE, WALTER F, SR
Address: 301 BAYSHORE DR
City-St-Zip: NICEVILLE, FL

Title: SD () Delete
Name: O'KEEFE, TIM
Address: 1317 BAYSHORE DRIVE
City-St-Zip: NICEVILLE, FL 32578

Title: TD () Delete
Name: RILEY, JUDITH BYRNE
Address: 1501 BAYSHORE DR.
City-St-Zip: NICEVILLE, FL 32578

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUDITH BYRNE RILEY

TD

03/26/2009

Electronic Signature of Signing Officer or Director

_____ Date