

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 # 740474 (2)

1. Corporation Name

FLORIDA MILITARY AVIATION MUSEUM, INC.

Principal Place of Business

16055 FAIRCHILD DR.
CLEARWATER FL 34622
US

Mailing Address

PO BOX 17332
CLEARWATER FL 34622
US



3. Date Incorporated or Qualified
10/19/1977

3a. Date of Last Report
02/24/1995

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number
59-1772317

Applied For
Not Applicable

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

9. Name and Address of Current Registered Agent

MAROIS, HENRY
360 PINELLAS BAYWAY S., UNIT E
TIERRA VERDE FL 33715

10. Name and Address of New Registered Agent

81 Name **NORMAN DEROCHE**
82 Street Address (P.O. Box Number is Not Acceptable)
4555 - 28th ST. N.
83
84 City **ST. PETERSBURG** FL 85 Zip Code **33714**

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

Norman DeRoche **Norman DeRoche** President **4-16-96**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MAROIS, HENRY L., JR	
STREET ADDRESS	360 PINELLAS BAYWAY S #E	
CITY-ST-ZIP	TIERRA VERDE FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	CARTMELL, RAYMOND, F	
STREET ADDRESS	401 59TH ST S	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	SCHULER, JUEL	
STREET ADDRESS	901 SEVARD AVE	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	BURGESS, GEORGE S	
STREET ADDRESS	102 PEACOCK CIR	
CITY-ST-ZIP	SAFETY HARBOR FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DEROCHE, NORMAN	
1.3 STREET ADDRESS	4555 - 28th ST. N.	
1.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33714	
2.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	FERGUSON, JIM	
2.3 STREET ADDRESS	1150 - 60th AVE. N.	
2.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33703-1132	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	CHRISTENSEN, DONNA	
3.3 STREET ADDRESS	463 - 49th AVE. N.	
3.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33703	
4.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	SHERWIN, BRIAN	
4.3 STREET ADDRESS	718 - 37th AVE. NE	
4.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33704	
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:

Norman DeRoche **Norman DeRoche** 4-16-96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (12/95)