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FILED  
Feb 16 1998 8:00am  
Secretary of State

|                                                          |                                                                                   |                                                                                                           |
|----------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|----------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|

DOCUMENT # **740474** (2)

1. Corporation Name

**FLORIDA MILITARY AVIATION MUSEUM, INC.**

Principal Place of Business

Mailing Address

**18055 FAUCHILD DR.  
CLEARWATER FL 34622  
US**

**PO BOX 1732  
CLEARWATER FL 34622  
US**

2. Principal Place of Business

2a. Mailing Address

**21 3065 Hwy. 17 S.**

**26 P. O. Box 891**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22 City & State**

**27 City & State**

**23 Ft. Meade, FL 33841**

**28 Wauchula, FL**

**24 Zip 33841**

**25 Country USA**

**29 Zip 33873**

**30 Country USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DEROCHE, NORMAN  
4555-28TH ST N  
ST PETERSBURG FL 33414**

**81 Name**

**Ben H. Brauchler**

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

**2201 Boyd Cowart Rd.**

**83**

**84 City**

**Wauchula**

**FL**

**85 Zip Code 33873**

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 **Ben H. Brauchler, VP & Dir. of Operations**

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

**7 Feb 98**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☒ DELETE

NAME **DEROCHE, NORMAN**

STREET ADDRESS **4555-28TH ST N**

CITY-ST-ZIP **ST PETERSBURG FL**

TITLE **VPD** ☒ DELETE

NAME **FERGUSON, JIM**

STREET ADDRESS **1150-60TH AVE N**

CITY-ST-ZIP **ST PETERSBURG FL**

TITLE **SD** ☒ DELETE

NAME **CHRISTENSEN, DONNA**

STREET ADDRESS **463-49TH AVE N**

CITY-ST-ZIP **ST PETERSBURG FL**

TITLE **TD** ☐ DELETE

NAME **SHERWIN, BRIAN**

STREET ADDRESS **710-37TH AVE, NE**

CITY-ST-ZIP **ST PETERSBURG FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

14. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0095522

**Ben H. Brauchler**

**7 Feb 98**

941-773-9700

CR2E037 (10/97)