

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 20, 2006 08:00 AM**  
**Secretary of State**

|   |   |   |  |   |  |
|---|---|---|--|---|--|
| <b>DOCUMENT # 740474</b><br>1. Entity Name<br><b>FLORIDA MILITARY AVIATION MUSEUM, INC.</b>   |   |   |  |   |  |
| Principal Place of Business<br><b>3065 HWY 17 S<br/>FT MEADE FL 33841<br/>US</b>  |   |   | Mailing Address<br><b>P O BOX 891<br/>WAUCHULA FL 33873<br/>US</b> |   |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.   |   |   | 3. Mailing Address<br>Suite, Apt. #, etc.                          |   |  |
| City & State  |   |   | City & State   |   |  |
| Zip   | Country   | Zip   | Country  | 4. FEI Number<br><b>59-1772317</b>  |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |   |   |  | Applied For<br><input type="checkbox"/> Not Applied   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>BRAUCHLER, BEN H<br/>2201 BOYD COWART RD<br/>WAUCHULA FL 33873</b>  |   |   |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City |  |
| 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 _____   |   |   |  |   |  |
| <b>FILE NOW: FEE IS \$61.25<br/>Due By May 1, 2006</b>  |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00 May Be Added to Fees</b>  |  |
| <b>Make Check Payable to<br/>Florida Department of State</b>  |   |   |  |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |   |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>       |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>PD<br/>BRAUCHLER, PHILIP J<br/>2201 BOYD COWART RD<br/>WAUCHULA FL 33873</b>         | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                     | <input type="checkbox"/> Change <input type="checkbox"/> Add  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>VPD<br/>BRAUCHLER, BEN H<br/>2201 BOYD COWART RD<br/>WAUCHULA FL 33873</b>           | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                     | <input type="checkbox"/> Change <input type="checkbox"/> Add  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>SD<br/>JOHNSON, MICHAEL<br/>6187 NW 167TH ST. UNIT H-16<br/>MIAMI LAKES FL 33016</b> | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                     | <input type="checkbox"/> Change <input type="checkbox"/> Add  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>TD<br/>SHERWIN, BRIAN<br/>718-37TH AVE, NE<br/>ST PETERSBURG FL</b>                  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                     | <input type="checkbox"/> Change <input type="checkbox"/> Add  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                     | <input type="checkbox"/> Change <input type="checkbox"/> Add  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                     | <input type="checkbox"/> Change <input type="checkbox"/> Add  |  |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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.