2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2009
Secretary of State

DOCUMENT# 740474

Entity Name: FLORIDA MILITARY AVIATION MUSEUM, INC.

Current Principal Place of Business:

3065 HWY 17 S
FT MEADE, FL 33841 US

New Principal Place of Business:

VANDOLA RD, WAUCHULA MUNICIPAL RD
WAUCHULA, FL 33873 US

Current Mailing Address:

P O BOX 891
WAUCHULA, FL 33873 US

New Mailing Address:

FEI Number: 59-1772317 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BRAUCHLER, BEN H
2201 BOYD COWART RD
WAUCHULA, FL 33873 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:	PD	( ) Delete
Name:	BRAUCHLER, PHILIP J	
Address:	2201 BOYD COWART RD	
City-St-Zip:	WAUCHULA, FL 33873	
Title:	VPD	( ) Delete
Name:	BRAUCHLER, BEN H	
Address:	2201 BOYD COWART RD	
City-St-Zip:	WAUCHULA, FL 33873	
Title:	SD	( ) Delete
Name:	JOHNSON, MICHAEL	
Address:	6187 NW 167TH ST. UNIT H-16	
City-St-Zip:	MIAMI LAKES, FL 33015	
Title:	TD	( ) Delete
Name:	SHERWIN, BRIAN	
Address:	718-37TH AVE, NE	
City-St-Zip:	ST PETERSBURG, FL	

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
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: MICHAEL JOHNSON SD 03/24/2009

Electronic Signature of Signing Officer or Director — Date