


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 17, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # 757510**

1. Entity Name  
**HISTORIC FLORIDA MILITIA, INC.**



Principal Place of Business  
**42 SPANISH ST.  
 ST AUGUSTINE, FL 32084**

Mailing Address  
**42 SPANISH ST.  
 ST AUGUSTINE, FL 32084**



01062007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3066648**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HALL, ROBERT  
 42 SPANISH ST.  
 ST. AUGUSTINE, FL 32084**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
 Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	HALL, ROBERT M
STREET ADDRESS	42 SPANISH ST.
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32084
TITLE	D
NAME	SHELLEY, RONALD
STREET ADDRESS	6544 S.W. 78 TERR.
CITY-ST-ZIP	S. MIAMI, FL 33413
TITLE	D
NAME	RYDER, JOHN
STREET ADDRESS	11 INLET PLACE
CITY-ST-ZIP	ST. AUGUSTINE, FL 32084
TITLE	D
NAME	BOWMAN, BRIAN
STREET ADDRESS	180 ONEIDA ST
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32086
TITLE	D
NAME	WILLIAMS, JON
STREET ADDRESS	108 PELICAN RD
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32086
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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 01/18/07-80017-002 61.25

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

**SIGNATURE:** Robert M. Hall **1/7/7** **904-829-9792**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #