2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2004 8:00 am
Secretary of State
03-23-2004 90012 005 ****61.25

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1. Entity Name
FLORIDA MILITARY HERITAGE MUSEUM, INC.

Principal Place of Business	Mailing Address
1200 W. RETTA ESPLANADE, B4 PUNTA GORDA, FL 33950	PO BOX 511141 PUNTA GORDA, FL 33951-1141

02202004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-1036360 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PRIER, CLYDE
548 LAUREL AVE
PORT CHARLOTTE, FL 33952

7. Name and Address of New Registered Agent

Name STRANG & OLSEN, CPAs P.A.
Street Address (P.O. Box Number is Not Acceptable)
103 W. MARION AVE
City PUNTA GORDA **FL** Zip Code 33950

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 ✓ RONALD L OLSEN PRESIDENT 3/17/2004
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD PRIER, CLYDE 548 LAUREL AVE PORT CHARLOTTE, FL 33952	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CHAIRMAN OF BOARD TIM WAGNER 1107 W MARION AVE PUNTA GORDA, FL 33950	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD SPEIDELL, GEORGE 113 AURORA ST PORT CHARLOTTE, FL 33948	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP BILL ALLEN 6000 KEY LARGO CIRCLE PUNTA GORDA, FL 33955	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD KISH, RAYMOND 25419 BABETTE CT PUNTA GORDA, FL 33950	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP HARRY DOERRER 26576 BARRANGVILLA AVE PUNTA GORDA, FL 33983	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD RINEHART, JOYCE 21556 EDGEWATER DRIVE PORT CHARLOTTE, FL 33952	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP LARRY KANTNER 4810 DELTONA DRIVE PUNTA GORDA, FL 33950	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD OLSEN, RONALD 2246 DEBORAH DR PUNTA GORDA, FL 33950	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP DR. DAVID KLEIN 1820 JAMAIED WAY PUNTA GORDA, FL 33950	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD WEAVER, DAVID 23160 WICKER AVE PORT CHARLOTTE, FL 33980	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR JIM LOWELL 1259 RED OAK LANE PORT CHARLOTTE, FL 33948	☐ Change ☒ Addition

12. 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 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: ✓ Ronald L. Olsen 3-9-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #