


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2004 08:00 AM
Secretary of State

DOCUMENT # N00000006261	
1. Entity Name MILITARY SEA SERVICES MUSEUM, INC.	

Principal Place of Business 1402 ROSELAND AVENUE SEBRING, FL 33870	Mailing Address 1402 ROSELAND AVENUE SEBRING, FL 33870
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DO NOT WRITE IN THIS SPACE



01282004 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0867157	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

RHOADES, CLIFFORD R
227 NORTH RIDGEWOOD DRIVE
SEBRING, FL 33870

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5. 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** _____

Filing Fee is \$61.25
Due by May 1, 2004

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CHAPMAN, LOYD W 202 CLARA STREET SEBRING, FL 33872
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FLEETWOOD, HOWARD A 4116 DUFFER LOOP SEBRING, FL 33872
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GLADUE, GEORGE A 1501 RANDALL ROAD SEBRING, FL 33872
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LAMORTE, ANTHONY E SR. 4205 APPALOOSA ROAD SEBRING, FL 33872
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SMITH, GEORGE R 3116 DEVON COURT SEBRING, FL 33870
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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: Howard A. Fleetwood
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/04 863-471-2386
Date Daytime Phone #