

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

FILED
Feb 08, 2006 8:00 am
Secretary of State

02-08-2006 90014 039 ****61.25

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



2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

1st MOORE

CR2E037 (10/05)

City & State

Sebring FL 33870

City & State

Sebring FL 33870

4. FEI Number

65-0867157

Applied For

Not Applicable

Zip

33870

Country

USA

Zip

33870

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RHOADES, CLIFFORD R
227 NORTH RIDGEWOOD DRIVE
SEBRING FL 33870

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CHAPMAN, LOYD W	
STREET ADDRESS	202 CLARA STREET	
CITY-ST-ZIP	SEBRING FL 33872	
TITLE	O	<input type="checkbox"/> Delete
NAME	FLEETWOOD, HOWARD A	
STREET ADDRESS	4116 DUFFER LOOP	
CITY-ST-ZIP	SEBRING FL 33872	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GLADUE, GEORGE A	
STREET ADDRESS	1501 RANDALL ROAD	
CITY-ST-ZIP	SEBRING FL 33872	
TITLE	D	<input type="checkbox"/> Delete
NAME	LAMORTE, ANTHONY E SR.	
STREET ADDRESS	4205 APPALOOSA ROAD	
CITY-ST-ZIP	SEBRING FL 33872	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, GEORGE R	
STREET ADDRESS	3116 DEVON COURT	
CITY-ST-ZIP	SEBRING FL 33870	
TITLE	DEBORAH KESSLER	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	O.D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KISSNER, EUGENE E	
STREET ADDRESS	1561 ARDUCKLE CREEK RD.	
CITY-ST-ZIP	SEBRING FL 33870	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PERKINS, DAVID E.	
STREET ADDRESS	2112 BURNING TREE CIRCLE	
CITY-ST-ZIP	SEBRING, FL 33872	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARINO, FRED	
STREET ADDRESS	4241 LAKEVIEW DR	
CITY-ST-ZIP	SEBRING, FL 33870	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.

SIGNATURE:

HOWARD A. FLEETWOOD

1/26/06

863-471-2386