

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 15, 2003 8:00 am
Secretary of State

09-15-2003 90158 033 ****61.25

DOCUMENT # N01000005950

1. Entity Name

JACKSONVILLE MUSEUM OF WAR AND HISTORY, INC.



Principal Place of Business

P.O. BOX 3373
PONTE VEDRA BEACH FL 32004

Mailing Address

P.O. BOX 3373
PONTE VEDRA BEACH FL 32004

2. Principal Place of Business

3. Mailing Address

P.O. Box 48055

P.O. Box 48055

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Jacksonville, FL

Zip

32207

Country

USA

Zip

32207

Country

USA

4. FEI Number **59-3757843**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LOCKERBY, JOY J

100 FAIRWAY PARK BLVD

#701

PONTE VEDRA BEACH FL 32082

7. Name and Address of New Registered Agent

Name

Joy Lockerby

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

17 Arbor Club DR. No. 212

City

Ponte Vedra

FL

Zip Code

32082

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

9/9/03

FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25

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 NAME ☐ Delete
P HANNA, FRANK
STREET ADDRESS 28 EAGLE CREST PATH
CITY-ST-ZIP PALM CREST FL 32164

TITLE NAME ☐ Delete
T HANNA, SCOTT
STREET ADDRESS 515 GREENBLADES COURT
CITY-ST-ZIP ARNOLD MD 21012

TITLE NAME ☐ Delete
S FRIES, JILL
STREET ADDRESS 402 HALSEY RD
CITY-ST-ZIP ANNAPOLIS MD 21401

TITLE NAME ☐ Delete
D LOCKERBY, JOY
STREET ADDRESS 100 FAIRWAY PARK BLVD 701
CITY-ST-ZIP PONTE VEDRA FL 32082

TITLE NAME ☐ Delete
D NAPIER, ERIC
STREET ADDRESS 7595 BAY MEADOW CIRCLE WEST, NO 1210
CITY-ST-ZIP JACKSONVILLE FL 32256

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☒ Change ☐ Addition
D Lockerby, Joy
STREET ADDRESS 17 Arbor Club DR. No. 212
CITY-ST-ZIP Ponte Vedra, FL 32082

TITLE NAME ☒ Change ☐ Addition
D Napier, Eric
STREET ADDRESS 17 Arbor Club DR. No. 212
CITY-ST-ZIP Ponte Vedra, FL 32082

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/9/03

Date

Daytime Phone #

CR2E037 (4/03)