

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # N01000006678

1. Entity Name
COMPANY OF FLORIDA MILITARY HISTORIANS, INC.



Principal Place of Business
2105 51ST. AVE. WEST
BRADENTON, FL 34207

Mailing Address
2105 51ST. AVE. WEST
BRADENTON, FL 34207



04142005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PERMANE, JAMES
2105 51ST. AVENUE WEST
BRADENTON, FL 34207

**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 James Permane, President
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

4/25/05
Date

Filing Fee is \$61.25
Due by May 1, 2005

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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME PERMANE, JAMES
STREET ADDRESS 2105 51ST AVENUE, WEST
CITY-ST-ZIP BRADENTON, FL 34207

TITLE VD
NAME TREMEWAN, PAUL
STREET ADDRESS 4417 S. WINSTON LANE
CITY-ST-ZIP SARASOTA, FL 34235

TITLE STD
NAME OLIVARI, MARCOS
STREET ADDRESS 5036 LIVE OAK CIRCLE
CITY-ST-ZIP BRADENTON, FL 34207

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: James Permane
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/05 944-739-6925
Date Daytime Phone #