


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2004 8:00 am
Secretary of State

02-05-2004 90008 006 ****70.00

DOCUMENT # N02000000816					
1. Entity Name THE USS AMERICA MUSEUM FOUNDATION, INC.					
Principal Place of Business 10623 SE 142 AVE RD OCKLAWAHA, FL 32179			Mailing Address 10623 SE 142 AVE RD OCKLAWAHA, FL 32179		
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 38-3642663	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VAZOULAS, JOHN 10623 SE 142 AVE RD OCKLAWAHA, FL 32179			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PTD MCNULTY, LEE 10 SUMMIT AVENUE BUTLER, NJ 07405		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DIANO, STEVE 2022 W VERMONT AVE PHOENIX, AZ 85015		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VAZOULAS, JOHN 10623 SE 142ND AVENUE ROAD OCKLAWAHA, FL 32179		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>1/30/04</u> Daytime Phone # _____		



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

January 21, 2004

THE USS AMERICA MUSEUM FOUNDATION, INC.
10623 SE 142 AVE RD
OCKLAWAHA, FL 32179

SUBJECT: THE USS AMERICA MUSEUM FOUNDATION, INC.
Ref. Number: N02000000816

We have received your document for THE USS AMERICA MUSEUM FOUNDATION, INC. and check(s) totaling \$70.00. However, your check(s) and document are being returned for the following:

Although you attempted to file your annual report form online, you did not successfully complete the process. Therefore, we are returning the enclosed check along with an annual report form for you to complete. Please return the completed form and check to this office for processing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Justin M Shivers
Document Specialist

Letter Number: 504A00003736