


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 06, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N02000000816</b> 1. Entity Name <b>THE USS AMERICA MUSEUM FOUNDATION, INC.</b>	
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Principal Place of Business <b>10623 SE 142 AVE RD OCKLAWAHA, FL 32179</b>	Mailing Address <b>10623 SE 142 AVE RD OCKLAWAHA, FL 32179</b>
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02242006 No Chg-NP CRZE037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>38-3642663</b>	Applied For <input type="checkbox"/> Not Applicable
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**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)  
Signature, typed or printed name of registered agent and title if applicable DATE

<b>Filing Fee is \$61.25 Due by May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>PTD MCNULTY, LEE 10 SUMMIT AVENUE BUTLER, NJ 07405</b>
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>VD DIANO, STEVE 2022 W VERMONT AVE PHOENIX, AZ 85015</b>
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>SD VAZOULAS, JOHN 10623 SE 142ND AVENUE ROAD OCKLAWAHA, FL 32179</b>
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
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03/16/06 80025-025 70.00

**DO NOT WRITE  
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:**  **3-2-06** **352 288-040**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #