

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 01, 2007 08:00 AM
Secretary of State

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



01152007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 38-3642663	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

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

U00000616688
02/07/07-80040-003 70.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD MCNULTY, LEE 10 SUMMIT AVENUE BUTLER, NJ 07405
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DIANO, STEVE 2022 W VERMONT AVE PHOENIX, AZ 85015
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VAZOULAS, JOHN 10623 SE 142ND AVENUE ROAD OCKLAWAHA, FL 32179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 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 817, 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/07
Date

352-288-0409
Daytime Phone #