

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005047

FILED
Apr 15, 2006
Secretary of State

Entity Name: NATURE COAST MILITARY MUSEUM, INC.

Current Principal Place of Business:

7461 CEDARHURST STREET
BROOKSVILLE, FL 34613

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 10754
BROOKSVILLE, FL 34603

New Mailing Address:

FEI Number: 20-1221662

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RICKERT, RANDIE W
7461 CEDARHURST STREET
BROOKSVILLE, FL 34613 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: RICKERT, RANDIE
Address: 7461 CEDARHURST STREET
City-St-Zip: BROOKSVILLE, FL 34613

Title: VP () Delete
Name: PAYNE, JOE
Address: 11712 FOXFIRE DR
City-St-Zip: HUDSON, FL 34669

Title: S (X) Delete
Name: DITOMMASO, JOY
Address: 4275 NORTH MAE WEST WAY
City-St-Zip: BEVERLY HILLS, FL 34465

Title: T () Delete
Name: RICKERT, DIANE M
Address: 7461 CEDARHURST STREET
City-St-Zip: BROOKSVILLE, FL 34613

Title: D () Delete
Name: GELBOGIS, DAVE
Address: 55 SOUTH CAMELLIA AVENUE
City-St-Zip: CRYSTAL RIVER, FL 34429

Title: D () Delete
Name: WARE, PHILIP
Address: 5395 IDLEWEISE COURT
City-St-Zip: SPRING HILL, FL 34606

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RANDIE W RICKERT

PRES

04/15/2006

Electronic Signature of Signing Officer or Director

Date