

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001327

FILED
Jan 03, 2008
Secretary of State

Entity Name: CENTRAL FLORIDA WW2 MUSEUM, INC.

Current Principal Place of Business:

4212 S MANHATTAN AVE
TAMPA, FL 336111302

New Principal Place of Business:

Current Mailing Address:

4212 S MANHATTAN AVE
TAMPA, FL 336111302

New Mailing Address:

FEI Number: 20-2344934

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOMAN, BRIAN
3306 W VILLA ROSA ST
TAMPA, FL 336112947 US

Name and Address of New Registered Agent:

HOMAN, BRIAN D P
3306 W VILLA ROSA ST
TAMPA, FL 336112947 US

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: BRIAN D HOMAN

01/03/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HOMAN, BRIAN
Address: 3306 W VILLA ROSA ST
City-St-Zip: TAMPA, FL 336112947

Title: D () Delete
Name: HOMAN, KIMELA
Address: 3306 W VILLA ROSA ST
City-St-Zip: TAMPA, FL 336112947

Title: D () Delete
Name: STEFFNY, MELINDA
Address: 3901 14TH ST NE
City-St-Zip: ST PETERSBURG, FL 33703

Title: D () Delete
Name: ALVAREZ, MICHAEL
Address: 4202 12TH STREET
City-St-Zip: TAMPA, FL 33603

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
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: BRIAN D HOMAN

P

01/03/2008

Electronic Signature of Signing Officer or Director

Date