

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000004641

FILED  
Mar 02, 2011  
Secretary of State

**Entity Name:** MUSEUM OF MILITARY MEMORABILIA, INC.

**Current Principal Place of Business:**

17484 HUANCAY LANE  
PUNTA GORDA, FL 33955 US

**New Principal Place of Business:**

**Current Mailing Address:**

17484 HUANCAY LANE  
PUNTA GORDA, FL 33955 US

**New Mailing Address:**

**FEI Number:** 76-0828061

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MCDONALD, ROBERT D PRESIDE  
17484 HUANCAY LANE  
PUNTA GORDA, FL 33955 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:** PD  
**Name:** MCDONALD, ROBERT D PRESIDE  
**Address:** 17484 HUANCAY LANE  
**City-St-Zip:** PUNTA GORDA, FL 33955 US

**Title:** VD  
**Name:** GARCIA, GREGORY D VICE PR  
**Address:** 3807 RECREATION LANE  
**City-St-Zip:** NAPLES, FL 34116 US

**Title:** STD  
**Name:** MCDONALD, HELEN A SECRETA  
**Address:** 17484 HUANCAY LANE  
**City-St-Zip:** PUNTA GORDA, FL 33955 US

**Title:** D  
**Name:** RADLEY, PATRICK A EDITOR  
**Address:** 1724 SANTA BARBARA BLVD. #B  
**City-St-Zip:** NAPLES, FL 34116 US

**Title:** D  
**Name:** ELSON, JAMES H DIRECTO  
**Address:** 660 8TH AVENUE SOUTH  
**City-St-Zip:** NAPLES, FL 34102 US

**Title:** D  
**Name:** SKILES, JOHN DIRECTO  
**Address:** 2601 53RD STREET SW  
**City-St-Zip:** NAPLES, FL 34116 US

I hereby 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 all other like empowered.

**SIGNATURE:** ROBERT D. MCDONALD

PD

03/02/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date