

106000004641

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

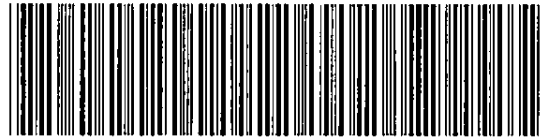
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

only an adoption of  
amendment needs to  
be selected

Office Use Only



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HP  
10/8/19

2019-10-15 17:33:33



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 10, 2025

DAVID HINDS

500 TERMINAL DR  
NAPLES, FL 34104

SUBJECT: AMERICA'S MILITARY AND FIRST RESPONDER MUSEUM INC.  
Ref. Number: N06000004641

We have received your document for and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Only one adoption of amendment needs to be selected.

If you have any further questions concerning your document, please call (850) 245-6050.

Schelby Harrell  
Regulatory Specialist II  
Amendment Section

Letter Number: 525A00020257



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 28, 2025

DAVID HUNOS

500 TERMINAL DR  
NAPLES, FL 34104

SUBJECT: AMERICA'S MILITARY AND FIRST RESPONDER MUSEUM INC.  
Ref. Number: N06000004641

We have received your document for and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Only one adoption of amendment needs to be selected.

If you have any further questions concerning your document, please call (850) 245-6050.

Schelby Harrell  
Regulatory Specialist II  
Amendment Section

Letter Number: 425A00019339

*copy TO SEND IRS  
WITH STATE Papers*



**Veterans History Museum**

15205 Collier Blvd.  
Suite 106-245  
Naples, FL 34119  
(614) 205-0357

[www.VeteransHistoryMuseumNaples.org](http://www.VeteransHistoryMuseumNaples.org)  
[VeteransHistoryMuseum@gmail.com](mailto:VeteransHistoryMuseum@gmail.com)

July , 2025

United States Treasury  
Internal Revenue Service Center  
Ogden, UT 84201

RE: Corporate Name Change

Fed. EIN: 76-0828061

Dear Sirs:

Our Non-Profit Corporation has been established since 2006 and has had to change its name a few times over the years, and we have found we need to do another name change in 2025. We normally only file the Form 990-N and had already filed the return for 2024 so are putting our request in writing.

We kindly request you change the name of our corporation in your records:

PRIOR NAME:	America's Military & 1 <sup>st</sup> Responders Museum Inc.
NEW NAME:	Veterans History Museum Inc.

Enclosed is a copy of the State of Florida Articles of Amendment to the Articles of Incorporation showing the approved name change with the State as well as a copy of the FL State Division of Corporation Organization Detail by Entity Name page showing the name change. We are also attaching a copy of our last Form 990-N showing the PRIOR name.

Our bank is requesting proof from the Internal Revenue Service, in writing, that our name has been changed in the IRS records. Could you please mail us a notice confirmation of the new name with the federal ID for our non-profit organization for banking purposes as soon as possible? Thank you for your prompt attention to this matter.

Very truly yours,

David Hinds  
President  
[davehindsusmc@yahoo.com](mailto:davehindsusmc@yahoo.com)

DH/cr  
Enclosures

COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: AMERICA'S MILITARY + 1<sup>ST</sup> RESPONDERS MUSEUM INC.

DOCUMENT NUMBER: NO6000004641

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

DAVID R HINDS

(Name of Contact Person)

AMERICA'S MILITARY + 1<sup>ST</sup> RESPONDERS MUSEUM INC.

(Firm/ Company)

500 TERMINAL DR

(Address)

NAPLES, FLORIDA 34104

(City/ State and Zip Code)

davehindsus@comcast.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DAVID HINDS

(Name of Contact Person)

at 614 2050357

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input checked="" type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy is<br>Enclosed) |
|--|--|---|---|

Mailing Address

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Articles of Amendment  
to  
Articles of Incorporation  
of

FILED 10 FEB 23 33

(Name of Corporation as currently filed with the Florida Dept. of State)

AMERICA'S MILITARY & 1<sup>ST</sup> RESPONDERS MUSEUM INC.

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this **Florida Not For Profit Corporation** adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

VETERANS HISTORY MUSEUM INC.

The new

name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.

B. Enter new principal office address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)

3331 TAMiami TRAIL EAST

NAPLES, FLORIDA 34112

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

15205 COLLIER BLVD SUITE 106-245

NAPLES, FLORIDA 34119

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

SAME

15205 COLLIER BLVD SUITE 106-245

(Florida street address)

New Registered Office Address:

NAPLES

(City)

Florida 34119

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

\_\_\_\_\_  
Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation. Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

<input checked="" type="checkbox"/> Change	PT	John Doe
<input checked="" type="checkbox"/> Remove	V	Mike Jones
<input checked="" type="checkbox"/> Add	SV	Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input type="checkbox"/> Add	<u>DIR</u>	<u>MATT HULLIDAY</u>	<u>500 TERMINAL DR</u> <u>NAPLES, FL 34104</u>
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change <input type="checkbox"/> Add	<u>DIR</u>	<u>SACK O'NELL</u>	<u>500 TERMINAL DR</u> <u>NAPLES, FL 34104</u>
<input checked="" type="checkbox"/> Remove			
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add	<u>DIR</u>	<u>JOE ALGER</u>	<u>15205 COLLIER BLVD SUITE 106-245</u>
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add	<u>DIR</u>	<u>LARRY BELCASTER</u>	<u>" SAME</u>
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add	<u>DIR</u>	<u>MARK VARGAS</u>	<u>" SAME</u>
<input type="checkbox"/> Remove			
7) <input checked="" type="checkbox"/> ADD	<u>DIR.</u>	<u>MELANIE DELLAS</u>	<u>" SAME</u>

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

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The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.



☒ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated 7-2-2025

Signature David R Hinds  
(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

DAVID R HINDS  
(Typed or printed name of person signing)

PRESIDENT  
(Title of person signing)

2025-07-02 11:33