

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000009684

FILED
Mar 30, 2011
Secretary of State

Entity Name: MUSEUM OF JEWISH MILITARY HISTORY, INC.

Current Principal Place of Business:

1938 LOST SPRING CT
LONGWOOD, FL 32779 US

New Principal Place of Business:

Current Mailing Address:

1938 LOST SPRING CT
LONGWOOD, FL 32779 US

New Mailing Address:

FEI Number: 27-1069895

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PAPPAS, PETER C
930 WOODCOCK ROAD
SUITE 227
ORLANDO, FL 32803 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: D
Name: HEYMAN, ROBYN
Address: 1938 LOST SPRING CT
City-St-Zip: LONGWOOD, FL 32779 US

Title: D
Name: PAPPAS, PETER C
Address: 930 WOODCOCK RD SUITE 227
City-St-Zip: ORLANDO, FL 32803 US

Title: D
Name: BLOOM, DAVID
Address: 1938 LOST SPRING CT
City-St-Zip: LONGWOOD, FL 32779 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: DAVID BLOOM

MR

03/30/2011

Electronic Signature of Signing Officer or Director

Date