2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

Apr 19, 2004 8:00 am Secretary of State DOCUMENT # N22336 1. Entity Name 04-19-2004 90403 001 ****61.25 SOUTH FLORIDA DEFENSE ANTIQUITIES MUSEUM. Principal Place of Business Mailing Address 158 GULFVIEW ROAD 158 GULFVIEW ROAD C/O I.K. STEUART PUNTA GORDA FL 33950 C/O I.K. STEUART PUNTA GORDA FL 33950 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) Applied For City & State City & State 4. FEI Number 65-0050333 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent STEUART, I.K. Street Address (P.O. Box Number is Not Acceptable) 158 GULFVIEW ROAD PUNTA GORDA FL 33950 City 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2004 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. D TITLE ☐ Delete TITLE Change Addition STEUART, I.K. NAME NAME STANLEY I. VAUGHN 3350 NORTH KEY DR., #AGOI 158 GULFVIEW RD. STREET ADDRESS STREET ADDRESS PUNTA GORDA FL CITY - ST- ZIP CITY-ST-7IP NIFT MYERS, FL, D TITLE Defete TITLE Change ☐ Addition MAYHOOD, LEROY W NAME NAME 11071 E. TERRY STREET STREET ADDRESS STREET ADDRESS **BONITA SPRINGS FL 34135** CITY-ST-ZIP CITY-ST-ZIP Delete. TITLE Change ☐ Addition STEUART- SCOTT-A- 122 NAME NAME 155 MEADOWOOD DRIVE STREET ADDRESS STREET ADDRESS DAPHNE AL 36526 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete TITLE ☐ Addition SHEPARD, GREGORY NAME 18690 TELEGRAPH CREEK LN STREET ADDRESS STREET ADDRESS ALVA FL 33920 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition MACDONALD, ROBERT NAME NAME PO BOX 3995, N/A STREET ADDRESS STREET ADDRESS N. FT. MYERS FL 33917 CITY-ST-ZIP CITY-ST-ZIP TITLE 🔀 Delete TITLE ☐ Change [Addition SECKER, WM NAME NAME 950 MOODY RD STREET ADDRESS STREET ADDRESS N. FT. MYERS FL 33903 CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if

PRES,

04-14-04

Date

changed, or on an attachment with an address, with all other like empo-

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED

239-936-7353

Daytime Phone #