

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 29, 2005 8:00 am**  
**Secretary of State**

03-29-2005 90025 008 \*\*\*\*61.25

**DOCUMENT # N22336**

1. Entity Name

**SOUTH FLORIDA DEFENSE ANTIQUITIES MUSEUM, INC.**



Principal Place of Business

158 GULFVIEW ROAD  
C/O I.K. STEUART  
PUNTA GORDA FL 33950

Mailing Address

158 GULFVIEW ROAD  
C/O I.K. STEUART  
PUNTA GORDA FL 33950

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/04)

4. FEI Number

65-0050333

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STEUART, I.K.  
158 GULFVIEW ROAD  
PUNTA GORDA FL 33950

Name

GREGORY SHEPARD

Street Address (P.O. Box Number is Not Acceptable)

18690 TELEGRAPH CREEK LN.

City

ALVA

FL

Zip Code

33920

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

*I.K. Steuart*

02-24-05

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  
Due By May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME STEUART, I.K.  
STREET ADDRESS 158 GULFVIEW RD.  
CITY-ST-ZIP PUNTA GORDA FL

TITLE D ☒ Delete  
NAME VAUGHN, STANLEY I  
STREET ADDRESS 3350 NORTH KEY DR #A-601  
CITY-ST-ZIP NORTH FORT MYERS FL 33903

TITLE D ☐ Delete  
NAME SHEPARD, GREGORY  
STREET ADDRESS 18690 TELEGRAPH CREEK LN  
CITY-ST-ZIP ALVA FL 33920

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☒ Change ☐ Addition  
NAME SHEPARD, GREGORY  
STREET ADDRESS 18690 TELEGRAPH CREEK LN.  
CITY-ST-ZIP ALVA FL 33920

TITLE D ☒ Change ☒ Addition  
NAME BLANCHETTE, JOHN  
STREET ADDRESS 11 PEBBLE HILL RD  
CITY-ST-ZIP FAIRPORT NY 14450

TITLE D ☒ Change ☒ Addition  
NAME FINKELSTEIN, DAVID  
STREET ADDRESS 460 N.W. 120TH. DR.  
CITY-ST-ZIP CORAL SPRINGS FL 33071

TITLE D ☒ Change ☐ Addition  
NAME STEUART, I.K.  
STREET ADDRESS 158 GULFVIEW RD.  
CITY-ST-ZIP PUNTA GORDA FL 33950

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*I.K. Steuart*

03-25-05

239-936-7353

Date

Daytime Phone #