2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2009
Secretary of State

DOCUMENT# N22336

Entity Name: SOUTH FLORIDA DEFENSE ANTIQUITIES MUSEUM, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-0050333 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SHEPARD, GREGORY
18690 TELEGRAPH CREEK LANE
ALVA, FL 33920 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	( ) Delete
Name:	STEUART, I.K.	
Address:	158 GULFVIEW RD.	
City-St-Zip:	PUNTA GORDA, FL 33950	
Title:	D	( ) Delete
Name:	BLANCHETTE, JOHN	
Address:	11 PEBBLE HILL ROAD	
City-St-Zip:	FAIRPORT, NY 14450	
Title:	D	( ) Delete
Name:	SHEPARD, GREGORY	
Address:	18690 TELEGRAPH CREEK LANE	
City-St-Zip:	ALVA, FL 33920	
Title:	D	( ) Delete
Name:	FINKELSTEIN, DAVID	
Address:	460 N.W. 120TH AVE.	
City-St-Zip:	CORAL SPRINGS, FL 33071	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: SHEPARD, GREGORY D 07/12/2009

Electronic Signature of Signing Officer or Director — Date