2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 08, 2005 8:00 am Secretary of State

DOCUMENT # N9700005177 1. Entity Name FRIENDS OF THE MILITARY MUSEUM OF SOUTH FLORIDA AT NAS RICHMOND, INC.									04-08-20	005 90052	012 ****6	1.25
Principal Place of Business 9337 SW 37TH ST MIAMI, FL .33165			Mailing Address PMB 367 1825 PONCE DE LEON BLVD CORAL GABLES, FL 33148 US 33134				4 0 0 0 0 x 0 0					
2. Principal Place of Business			3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.					03222005	Chg-NP	CR2	E037 (10/03)	
City & State			City & State				4. FEI Numbe 65-079			— ———	pplied For ot Applicable	
Zip	Cou	untry	Zip 3	3134	Co	untry		5. Certificate	of Status Desi	red 🗌	\$8.75 Ad Fee Require	
	6. Name and Ad	dress of Current	Registered	Agent				7. Name and	Address of N	ew Register	d Agent	
NOVACK	DALIID					Name .	Lehti	inen, Dez	rter			
NOVACK, 13899 BIS	CAYNE BOULE	VARD						O. Box Numbe		ntable)		
SUITE 404		.,,,,,						th Kenda				
MIAMI, FL	33181					Suit	e 303	3 .				
						City		•			Zip Cod	ie
							Miam			•	' └ 331	156
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SIGNATURE .	named entity submitions of registered ag	ent.	and title it applica	Banen,		APR ed Agent signate	ure required	2.005 when reinstating)		DAT	E	
	ions of registered ag	ent. Denname of registered agen	and title if applica	ible. (NO	E: Register							
SIGNATURE .	ions of registered ag	ent. name of registered agen 61.25	at and title if applica		E: Register	Financing		2005 when reinstating) \$5.00 May Br Added to Fees	е	Make ch	eck payable spartment of S	
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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: Date OR PRINTED NAME OF SKENING OFFICER OR DIRECTOR DATE OR DATE OR