


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-08-2005 90052 012 \*\*\*\*61.25

<b>DOCUMENT # N97000005177</b>					
<b>1. Entity Name</b> <b>FRIENDS OF THE MILITARY MUSEUM OF SOUTH FLORIDA AT NAS RICHMOND, INC.</b>					
<b>Principal Place of Business</b> 9337 SW 37TH ST MIAMI, FL 33165			<b>Mailing Address</b> PMB 367 1825 PONCE DE LEON BLVD CORAL GABLES, FL 33148 US <b>33134</b>		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		<b>4. FEI Number</b> 65-0791344	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
City & State		City & State		Applied For Not Applicable	
Zip		Country		03222005 Chg-NP CR2E037 (10/03)	
City & State		City & State		33134	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
NOVACK, PAUL-D 13899 BISCAYNE BOULEVARD SUITE 404 MIAMI, FL 33181			Name <b>Lehtinen, Dexter</b> Street Address (P.O. Box Number is Not Acceptable) <b>7700 North Kendall Drive</b> <b>Suite 303</b> City <b>Miami</b> <b>FL</b> Zip Code <b>33156</b>		
<b>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.</b>					
SIGNATURE <u><i>Dexter Lehtinen</i></u> <b>Dexter Lehtinen, Esq. APRIL 4, 2005</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ATWOOD, ANTHONY 9337 S.W. 37TH STREET MIAMI, FL 33165	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CROCKWELL, ALAN 13900 S.W. 74 STREET MIAMI, FL 33183	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUPP, CHRISTINE 540 SAN ESTEBAN AVE CORAL GABLES, FL 33146	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSS, FORD 11020 S.W. 15TH MANOR DAVIE, FL 33324	<input type="checkbox"/> Delete			
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