

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 16, 2006 8:00 am
Secretary of State

02-16-2006 90066 001 ****61.25
02-16-2006 90066 002 *****8.75

DOCUMENT # N97000005177

1. Entity Name
**FRIENDS OF THE MILITARY MUSEUM OF SOUTH
FLORIDA AT NAS RICHMOND, INC.**



Principal Place of Business
**9337 SW 37TH ST
MIAMI, FL 33165**

Mailing Address
**PMB 367
1825 PONCE DE LEON BLVD
CORAL GABLES, FL 33134 US**

66001530



02012006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0791344	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**LEHTINEN, DEXTER
7700 N KENDALL DR
SUITE 303
MIAMI, FL 33156**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ATWOOD, ANTHONY 9337 S.W. 37TH STREET MIAMI, FL 33165
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCGARRY, JOY N 6261 SW 36 STREET MIAMI, FL 33114
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTORY, JOE 3521 SW 88 CT MIAMI, FL 33165
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSS, FORD 11020 S.W. 15TH MANOR DAVIE, FL 33324
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Anthony D. Atwood Atwood

Feb.1, 2006

305-225-9165

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #