

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2007 08:00 AM**  
**Secretary of State**

**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**



04252007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**65-0791344**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

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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, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

000000757833  
05/23/07-80079-008 61.25

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
ATWOOD, ANTHONY  
9337 S.W. 37TH STREET  
MIAMI, FL 33165**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
MCGARRY, JOY N  
6261 SW 36 STREET  
MIAMI, FL 33114**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
MARTORY, JOE  
3521 SW 88 CT  
MIAMI, FL 33165**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
ROSS, FORD  
11020 S.W. 15TH MANOR  
DAVIE, FL 33324**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**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* ANTHONY D. ATWOOD Apr. 1 29, 2007 305-225-9165**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #