


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 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
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DO NOT WRITE IN THIS SPACE



04172008 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0791344	Applied For Not Applicable
5. Certificate of Status Desired <input 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
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	UD00000907783 05/06/08-80002-003 61.25
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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. 17, 2008 305-225-9165
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #