

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 25, 2004 8:00 am**  
**Secretary of State**

02-25-2004 90041 048 \*\*\*\*61.25

**DOCUMENT # N99000001360**  
 1. Entity Name  
**VIETNAM HELICOPTER AIRCREW MUSEUM, INC.**



Principal Place of Business Mailing Address  
**825 SEVERN STREET TAMPA FL 33606** **825 SEVERN STREET TAMPA FL 33606**

2. Principal Place of Business **VETERANS MEMORIAL PARK** 3. Mailing Address **2208 CHEROKEE TRAIL**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
**3602 HIGHWAY 301 NORTH VALRICO FL**



MOORE CR2E037 (11/03)

City & State **TAMPA, FL** City & State  
 Zip **33619** Country **HILLSBOROUGH** Zip **33594** Country **HILLSBOROUGH**

4. FEI Number **59-3564354** Applied For  
 Not Applicable  
 5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**CHAPIN, JUDD V**  
**6346 BAHAMA SHORES DRIVE**  
**ST PETERSBURG FL 33705**

7. Name and Address of New Registered Agent  
 Name **RICHARD C. ANTROSS**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2208 CHEROKEE TRAIL**  
 City **VALRICO** FL Zip Code **33594**

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 *Richard C. Antross* **RICHARD C. ANTROSS** **2/19/2004**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DC</b> <b>CHAPIN, JUDD V</b> <b>6346 BAHAMA SHROES DR</b> <b>ST PETERSBURG FL 33705</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <b>BASTA, JAMES M</b> <b>4612 CLOVER LAWN DR.</b> <b>TAMPA FL 33642</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HEUER, MARTIN</b> <b>5402 BEAUMONT CENTER BLVD., SUITE 102</b> <b>TAMPA FL 33634-5292</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ANTROSS, RICHARD C</b> <b>2208 CHEROKEE TRAIL</b> <b>VALRICO FL 33594</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS</b> <b>NAGEL, HERBERT W</b> <b>1708 ORANGE HILL DRIVE</b> <b>BRANDON FL 33510</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT</b> <del>MULHOLLAND</del> <b>KENNETH S</b> <b>16709 SHEFFIELD PARK DR.</b> <b>LUTZ FL 33549</b> <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DC</b> <b>ANTROSS, RICHARD C.</b> <b>2208 CHEROKEE TRAIL</b> <b>VALRICO, FL 33594</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>MULHOLLAND</b>

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: *Richard C. Antross* **RICHARD C. ANTROSS** **2/19/2004** (813) 485-4302  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #