

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000007055

**Entity Name:** MILITARY MUSEUM, INC.

**Current Principal Place of Business:**

ONE BUNKER AVENUE  
GREEN COVE SPRINGS, FL 32043

**Current Mailing Address:**

ONE BUNKER AVENUE  
GREEN COVE SPRINGS, FL 32043

**FEI Number:** 51-0478522

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

RUSSELL HAVEN OF REST FUNERAL HOME & CEMET  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name NELSON, BERNARD  
Address 3253 CHIMNEY DR.  
City-State-Zip: MIDDLEBURG FL 32068

Title DS  
Name STEIGELMAN, HERBERT  
Address 4259 CHOKEBERRY RD.  
City-State-Zip: MIDDLEBURG FL 32068

Title T  
Name PONTRELLI, CINDY  
Address B51 BULKHEAD ROAD  
City-State-Zip: GREEN COVE SPRINGS FL 32043

Title D  
Name CAMPBELL, JERRY  
Address 2429 SANDRIDGE ROAD  
City-State-Zip: GREEN COVE SPRINGS FL 32043

Title D  
Name HENDRY, GAYWARD  
Address 577 BRANSCOMB ROAD  
City-State-Zip: GREEN COVE SPRINGS FL 32043

Title D  
Name RODATZ, CHRISTIAN  
Address 986 LAKERIDGE DRIVE  
City-State-Zip: ORANGE PARK FL 32065

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** HERBERT M. STEIGELMAN

DS

02/27/2014

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date