

**2015 FLORIDA NOT FOR PROFIT CORPORATION AMENDED 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  
2315 SANDRIDGE ROAD  
GREEN COVE SPRINGS, FL 32043 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 RODATZ, CHRIS  
Address 986 LAKE RIDGE DRIVE  
City-State-Zip: ORANGE PARK FL 32005

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

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

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

Title CEO  
Name KERSEY, DAVID J  
Address 1012 KERSEY ROAD  
City-State-Zip: GREEN COVE SPRINGS FL 32043

Title DIRECTOR  
Name FAILS, CHARLES L  
Address 3272 PEORIA ROAD  
City-State-Zip: ORANGE PARK FL 32065

Title DIRECTOR  
Name TIMONEY, GERALD P JR.  
Address 3850 LAUREL STREET  
City-State-Zip: ST. AUGUSTINE FL 32084

Title DIRECTOR  
Name TURNER, ROBERT  
Address 5673 CHUGAH STREET  
City-State-Zip: KEYSTONE HEIGHTS FL 32656

**Continues on page 2**

*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:** CHRIS RODATZ

**PRESIDENT**

**09/21/2015**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           HARRIS, RANDY  
Address        2988 QUAPAW TRAIL  
City-State-Zip: MIDDLEBURG FL 32068