

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2006 8:00 am
Secretary of State

02-16-2006 90047 032 ****61.25

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1. Entity Name

FLORIDA AVIATION HISTORICAL SOCIETY, INC.



Principal Place of Business
14607 BREWSTER DRIVE
LARGO FL 33774-4822

Mailing Address
PO BOX 127
INDIAN ROCKS BEACH FL 33785-0127



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-2103284

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

1st MOORE CR2E037 (10/05)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BROWN, WARREN MD DR
14607 BREWSTER DRIVE
LARGO FL 33774-4822

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Warren J Brown MD

2-3-06

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, 2006

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ~~PA~~ DIRECTOR ☐ Delete
NAME BISHARA, MICHAEL N
STREET ADDRESS 8761 ABBEY LANE
CITY-ST-ZIP LARGO FL 33771-4614

TITLE D ☐ Change ☒ Addition
NAME ED HOFFMAN
STREET ADDRESS 900 BAYSHORE DRIVE
CITY-ST-ZIP TARPON SPRINGS FLA. 34689

TITLE ~~E P/D~~ PRESIDENT + DIRECTOR ☐ Delete
NAME ETTINGER, SEYMOUR
STREET ADDRESS 11600 PARKVIEW LANE
CITY-ST-ZIP SEMINOLE FL 33772

TITLE ☐ Change ☒ Addition
NAME NEIL WOSENTINO
STREET ADDRESS 708 S. DAVIS BLVD
CITY-ST-ZIP TAMPA FL. 33606-3914

TITLE DT + TREASURER ☐ Delete
NAME BROWN, WARREN J MD DR
STREET ADDRESS 14607 BREWSTER DR.
CITY-ST-ZIP LARGO FL 33774-4822

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S/D ☐ Delete
NAME TAADA, ERKKI
STREET ADDRESS 3997 48TH AVE. S.
CITY-ST-ZIP SAINT PETERSBURG FL 33711

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D + VICE PRESIDENT ☐ Delete
NAME BARNES, WILLIAM H
STREET ADDRESS 132 LAKESHORE DR. N.
CITY-ST-ZIP PALM HARBOR FL 34684

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME BUSTON, WILLIAM L
STREET ADDRESS 4318 13TH AVE. N.
CITY-ST-ZIP SAINT PETERSBURG FL 33713-5202

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Warren J Brown MD

2-3-06 727 5952773