## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## Mar 02, 2007 8:00 am **DOCUMENT # 750520 Secretary of State** 1. Entity Name 03-02-2007 90026 012 \*\*\*\*61.25 FLORIDA AVIATION HISTORICAL SOCIETY, INC. Principal Place of Business Mailing Address 14607 BREWSTER DRIVE LARGO FL 33774-4822 PO BOX 127 INDIAN ROCKS BEACH FL 33785-0127 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/06) City & State City & State 4. FEI Number Applied For 59-2103284 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BROWN, WARREN MD DR Street Address (P.O. Box Number is Not Acceptable) 14607 BREWSTER DRIVE LARGO FL 33774-4822 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. Wause J. Isroun m. D. Signature, typed or immited name of registered agent and title 4 applicable. 2-21-07 SIGNATURE (NOTE, Registered Agent signature required when reinstaining) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2007 Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ☐ Defete TITLE DINECTIV Change Addition TITLE NAME BISHARA, MICHAEL N NAME STREET ADDRESS STREET ADDRESS 8761 ABBEY LANE CITY-ST-ZIP CITY-ST-ZIP LARGO FL 33771-4614 PRESIDENT + DIECON ☐ Delete TITLE ☐ Addition HHE NAME NAME ETTINGER, SEYMOUR STREET ADDRESS STREET ADDRESS 11600 PARKVIEW LANE CITY - ST- 7IP SEMINOLE FL 33772 CITY - ST - ZIP Addition ☐ Delete TITLE D WEIL CUSENTINO ☐ Change TITLE DΤ NAME NAME 708 S. DAVIS BUD BROWN, WARREN J MD DR STREET ADDRESS STREET ADDRESS 14607 BREWSTER DR. TAMPA. 19. 33106-7914 CITY-ST-ZIP CITY-ST-ZIP LARGO FL 33774-4822 DHE ☐ Delete OHE ED HUDEMON SR ☐ Addition S/D NAME NAME 900 BBYSHORE DRIVE TAADA, ERKKI STREET ADDRESS STREET ADDRESS 3997 48TH AVE. S. TOTA RON SPRINGS, F1. 346F9 CITY-ST-ZIP CITY-ST-ZIP SAINT PETERSBURG FL 33711 VICE PRESIDENT + DIRECTR ☐ Change TITLE ☐ Delete HILE ☐ Addition BARNES, WILLIAM H NAME NAME STREET ADDRESS 132 LAKESHORE DR. N. STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP PALM HARBOR FL 34684 ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME BUSTON, WILLIAM L NAME STREET ADDRESS STREET ADDRESS 4318 13TH AVE. N. CHY-ST-7IP CITY-SI-ZIP SAINT PETERSBURG FL 33713-5202

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-21-07 727 595 277 3

Date Dayline Priore #

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