


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

FILED
Feb 20, 2006 8:00 am
Secretary of State

02-20-2006 90045 023 ****61.25

DOCUMENT # N02000008903
1. Entity Name
WILTON MANORS HISTORICAL SOCIETY, INC.



Principal Place of Business Mailing Address
2325 NE 19TH AVE **2325 NE 19TH AVE**
WILTON MANORS FL 33305 **WILTON MANORS FL 33305**



1st MOORE CR2E037 (10/05)

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 Applied For
05-0541102 Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
KUTA, PAUL A
500 N.E. 28TH STREET
WILTON MANORS FL 33334

7. Name and Address of New Registered Agent
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	CLINE, DIANE	
STREET ADDRESS	2325 NE 19TH AVE	
CITY-ST-ZIP	WILTON MANORS FL 33305	
TITLE	VD	<input type="checkbox"/> Delete
NAME	THUMA, CINTHIA	
STREET ADDRESS	318 NE 25TH ST	
CITY-ST-ZIP	WILTON MANORS FL 33305	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	DAVIS, SHARON	
STREET ADDRESS	509 N.E. 28TH DRIVE	
CITY-ST-ZIP	WILTON MANORS FL 33334	
TITLE	TD	<input type="checkbox"/> Delete
NAME	KUTA, PAUL A	
STREET ADDRESS	500 N.E. 28TH ST.	
CITY-ST-ZIP	WILTON MANORS FL 33334	
TITLE	D	<input type="checkbox"/> Delete
NAME	DOUGHERTY, MICHAEL	
STREET ADDRESS	2111 N.E. 3RD AVENUE	
CITY-ST-ZIP	WILTON MANORS FL 33305	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MIGA, KAREN	
STREET ADDRESS	2300 N.E. 17TH TERR.	
CITY-ST-ZIP	WILTON MANORS FL 33305	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THUMA, CYNTHIA	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LITTLE, BENJAMIN B.	
STREET ADDRESS	2525 NW 3RD AVENUE	
CITY-ST-ZIP	WILTON MANORS, FL 33311	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUNSFORD, ANN	
STREET ADDRESS	1973 CORAL GARDENS DRIVE	
CITY-ST-ZIP	WILTON MANORS, FL 33306	

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: Paul A. Kuta **PAUL A. KUTA** **FEBRUARY 8, 2006** **954-566-9019**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #