

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 750520

Entity Name: FLORIDA AVIATION HISTORICAL SOCIETY, INC.**Current Principal Place of Business:**14607 BREWSTER DRIVE
LARGO, FL 33774-4822**Current Mailing Address:**PO BOX 127
INDIAN ROCKS BEACH, FL 33785-0127**FEI Number: 59-2103284****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**BROWN, WARREN MD DR
14607 BREWSTER DRIVE
LARGO, FL 33774-4822 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	SECRETARY
Name	NEWCOMB, CLIVE
Address	801 CHESTNUT ST. #1313
City-State-Zip:	CLEARWATER FL 33756

Title	PRESIDENT
Name	FLETCHER, MARY
Address	939 BEACH DRIVE NE #504
City-State-Zip:	ST. PETEREBURG FL 33701

Title	DT
Name	BROWN, WARREN JMD DR
Address	14607 BREWSTER DR.
City-State-Zip:	LARGO FL 33774-4822

Title	D
Name	BARNES, WILLIAM H
Address	132 LAKESHORE DR. N.
City-State-Zip:	PALM HARBOR FL 34684

Title	D
Name	BUSTON, WILLIAM L
Address	4318 13TH AVE. N.
City-State-Zip:	SAINT PETERSBURG FL 33713-5202

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: WARREN J. BROWN, M.D.**TREASURER****02/18/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date