

**2013 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

**FILED**  
**Jan 25, 2013**  
**Secretary of State**  
**CC2617355887**

**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 SD  
Name FLETCHER, MARY  
Address 140 POOLE PLACE  
City-State-Zip: OLDSMAR FL 34677

Title P  
Name ETTINGER, SEYMOUR  
Address 11600 PARKVIEW LANE  
City-State-Zip: SEMINOLE FL 33772

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

Title VP  
Name FIORE, CHRIS  
Address 1612 MADRID DRIVE SW  
City-State-Zip: LARGO FL 33778

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**

**01/25/2013**

Electronic Signature of Signing Officer/Director Detail

Date