

**2016 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N02000009631

**Entity Name:** WORLD AIRLINE HISTORICAL SOCIETY, INC.

**Current Principal Place of Business:**

11738 DELWICK DRIVE  
WINDERMERE, FL 34786

**Current Mailing Address:**

P.O. BOX 489  
OCOEE, FL 34761 US

**FEI Number:** 32-0047801

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

KLISTON, TODD W  
LERNER & KLISTON, PA  
8211 W. BROWARD BLVD., SUITE 375  
PLANTATION, FL 33324 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            PRESIDENT  
Name            SLIMMER, CHRISTOPHER  
Address        P.O. BOX 864  
City-State-Zip: LAWRENCE KS 66044

Title            VP  
Name            LEVINE, DONALD  
Address        4215 BUCHANAN STREET  
City-State-Zip: HOLLYWOOD FL 95632

Title            DIRECTOR  
Name            OAKLEY, SHEA  
Address        53-G BEACON HILL ROAD  
City-State-Zip: WEST MILFORD NJ 07480

Title            DIRECTOR  
Name            WILSON, WALLY  
Address        1127 GLADSTONE PLACE  
City-State-Zip: ALEXANDRIA VA 22308

Title            DIRECTOR  
Name            DERNER, PHIL  
Address        124-05 26TH AVE  
City-State-Zip: FLUSHING NY 11354

Title            DIRECTOR  
Name            MCININCH, STEPHEN  
Address        1813 LOCUST SHADE CT  
City-State-Zip: CHARLOTTESVILLE VA 22911

Title            DIRECTOR  
Name            MILLER, JOHN  
Address        4435 W. LEILA AVENUE  
City-State-Zip: TAMPA FL 33616

*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:** WILLIAM M DEMAREST

**SECRETARY**

**08/02/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date