

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009631

FILED
Jan 23, 2016
Secretary of State
CC3498519647

Entity Name: WORLD AIRLINE HISTORICAL SOCIETY, INC.

Current Principal Place of Business:

1018 FEATHERSTONE CIR.
OCOEE, FL 34761

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 TREASURER
Name DEMAREST, WILLIAM
Address P.O. BOX 489
City-State-Zip: OCOEE FL 34761

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

Title SECRETARY
Name DEMAREST, WILLIAM
Address 1018 FEATHERSTONE CIR.
City-State-Zip: OCOEE FL 34761

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

Title DIRECTOR
Name TRAPP, TONY
Address 5343 TEAK WOOD DRIVE
City-State-Zip: NAPLES FL 34119

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

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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

01/23/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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