2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2008 8:00 am
Secretary of State
02-12-2008 90022 045 ****61.25

DOCUMENT # 750520

1. Entity Name

FLORIDA AVIATION HISTORICAL SOCIETY, INC.

Principal Place of Business	Mailing Address
14607 BREWSTER DRIVE LARGO FL 33774-4822	PO BOX 127 INDIAN ROCKS BEACH FL 33785-0127

1st MOORE CR2E037 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2103284 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BROWN, WARREN MD DR 14607 BREWSTER DRIVE LARGO FL 33774-4822	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 Warren J. Brown M.D. 2-1-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2008

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D BISHARA, MICHAEL N 8761 ABBEY LANE LARGO FL 33771-4614	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V ETTINGER, SEYMOUR 11600 PARKVIEW LANE SEMINOLE FL 33772	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT BROWN, WARREN J MD DR 14607 BREWSTER DR. LARGO FL 33774-4822	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D.T. ED HOFFMAN - SR 900 BAYSHORE BLVD TARPON SPRINGS. FL 34689	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/D TAADA, ERKKI 3997 48TH AVE. S. SAINT PETERSBURG FL 33711	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	NEIL COSENTINO 708 S. DAVIS BLVD TAMPA. FL. 33606-3914	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BARNES, WILLIAM H 132 LAKESHORE DR. N. PALM HARBOR FL 34684	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT + DIRECTOR	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BUSTON, WILLIAM L 4318 13TH AVE. N. SAINT PETERSBURG FL 33713-5202	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Warren J Brown MD 2-1-08 727-5952773