

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 750520

FILED  
Feb 15, 2009  
Secretary of State

**Entity Name:** FLORIDA AVIATION HISTORICAL SOCIETY, INC.

**Current Principal Place of Business:**

14607 BREWSTER DRIVE  
LARGO, FL 337744822

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 127  
INDIAN ROCKS BEACH, FL 337850127

**New Mailing Address:**

**FEI Number:** 59-2103284

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BROWN, WARREN MD DR  
14607 BREWSTER DRIVE  
LARGO, FL 337744822 US

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

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

**OFFICERS AND DIRECTORS:**

Title: P/D ( ) Delete  
Name: BISHARA, MICHAEL N  
Address: 8761 ABBEY LANE  
City-St-Zip: LARGO, FL 337714614

Title: V ( ) Delete  
Name: ETTINGER, SEYMOUR  
Address: 11600 PARKVIEW LANE  
City-St-Zip: SEMINOLE, FL 33772

Title: DT ( ) Delete  
Name: BROWN, WARREN J MD DR  
Address: 14607 BREWSTER DR.  
City-St-Zip: LARGO, FL 337744822

Title: S/D ( ) Delete  
Name: COSENTINO, NEIL  
Address: 708 S. DAVIS BLVD  
City-St-Zip: TAMPA, FL 336063914

Title: VPD ( ) Delete  
Name: BARNES, WILLIAM H  
Address: 132 LAKESHORE DR. N.  
City-St-Zip: PALM HARBOR, FL 34684

Title: D ( ) Delete  
Name: BUSTON, WILLIAM L  
Address: 4318 13TH AVE. N.  
City-St-Zip: SAINT PETERSBURG, FL 337135202

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: BISHARA, MICHAEL N  
Address: 13206 87TH PLACE  
City-St-Zip: SEMINOLE, FL 33776

Title: P (X) Change ( ) Addition  
Name: ETTINGER, SEYMOUR  
Address: 11600 PARKVIEW LANE  
City-St-Zip: SEMINOLE, FL 33772

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: WARREN J. BROWN, M.D.

D/T

02/15/2009

Electronic Signature of Signing Officer or Director

Date