

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 20, 2006 8:00 am**  
**Secretary of State**

02-20-2006 90045 023 \*\*\*\*61.25

**DOCUMENT # N02000008903**

1. Entity Name

**WILTON MANORS HISTORICAL SOCIETY, INC.**



Principal Place of Business

**2325 NE 19TH AVE  
WILTON MANORS FL 33305**

Mailing Address

**2325 NE 19TH AVE  
WILTON MANORS FL 33305**



1st MOORE

CR2E037 (10/05)

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**05-0541102**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**KUTA, PAUL A  
500 N.E. 28TH STREET  
WILTON MANORS FL 33334**

7. Name and Address of New Registered Agent

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

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, 2006**

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

TITLE PD  
NAME CLINE, DIANE ☐ Delete  
STREET ADDRESS 2325 NE 19TH AVE  
CITY-ST-ZIP WILTON MANORS FL 33305

TITLE VD  
NAME THUMA, CINTHIA ☐ Delete  
STREET ADDRESS 318 NE 25TH ST  
CITY-ST-ZIP WILTON MANORS FL 33305

TITLE SD ☒ Delete  
NAME DAVIS, SHARON  
STREET ADDRESS 509 N.E. 28TH DRIVE  
CITY-ST-ZIP WILTON MANORS FL 33334

TITLE TD ☐ Delete  
NAME KUTA, PAUL A  
STREET ADDRESS 500 N.E. 28TH ST.  
CITY-ST-ZIP WILTON MANORS FL 33334

TITLE D ☐ Delete  
NAME DOUGHERTY, MICHAEL  
STREET ADDRESS 2111 N.E. 3RD AVENUE  
CITY-ST-ZIP WILTON MANORS FL 33305

TITLE D ☒ Delete  
NAME MIGA, KAREN  
STREET ADDRESS 2300 N.E. 17TH TERR.  
CITY-ST-ZIP WILTON MANORS FL 33305

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME THUMA, CYNTHIA ☒ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME SD ☒ Change ☐ Addition  
STREET ADDRESS LITTLE, BENJAMIN B.  
CITY-ST-ZIP 2525 NW 3RD AVENUE  
WILTON MANORS, FL 33311

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME D ☒ Change ☐ Addition  
STREET ADDRESS LUNSFORD, ANN  
CITY-ST-ZIP 1973 CORAL GARDENS DRIVE  
WILTON MANORS, FL 33306

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: **Paul A. Kuta** **PAUL A. KUTA** **FEBRUARY 8, 2006** **954-566-9019**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #