2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

9/15/2003-90155-012-$61.25-$61.25

000867?

FILED
03 OCT 16 PM 4:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N02000009922

1. Entity Name

GLENN H. CURTISS HISTORICAL MUSEUM, INC.

Principal Place of Business	Mailing Address
135 WESTWARD DR., STE. A MIAMI SPRINGS FL 33166	135 WESTWARD DR., STE. A MIAMI SPRINGS FL 33166

2. Principal Place of Business	3. Mailing Address
500 DEER RUN	P.O. Box 661494
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI SPRINGS FL	City & State: MIAMI SPRINGS FL
Zip: 33166 Country: MIAMI-DADE	Zip: 33266 Country: MIAMI-DADE

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number: 20-0296823 ☐ 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
SOLLA, JOSEPH A 135 WESTWARD DR., STE. A MIAMI SPRINGS FL 33166	Name: EDWARD CALT Street Address (P.O. Box Number is Not Acceptable): 971 PLOVER AVE City: MIAMI SPRINGS FL Zip Code: 33166

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: Edward Calt 9/5/03
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
After September 10, 2003, min will be $236.25

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	PD MORGAN-PHILLIPS, JOELLEN 378 DELEON DR. MIAMI SPRINGS FL 33166	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD CALT, EDWARD A 971 PLOVER AVE. MIAMI SPRINGS FL 33166	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DELONGCHAMPS, CHARLES A 325 CARDINAL ST. MIAMI SPRINGS FL 33166	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GELINA, JUDY 701 SWAN AVE. MIAMI SPRINGS FL 33166	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ODIN, JACK 1295 THRUSH AVE. MIAMI SPRINGS FL 33166	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition TS
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STINSON, SUSAN L 900 WREN AVE. MIAMI SPRINGS FL 33166	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (4/03)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: [illegible] PRESIDENT 8-31-03 305/887-2455
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #