


2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N03000004537					
1. Entity Name ALBERT WHITTED AIRPORT PRESERVATION SOCIETY, INC.					
Principal Place of Business ALBERT WHITTED AIRPORT 1088TH AVE, SE, HANGAR 1 SAINT PETERSBURG, FL 33701			Mailing Address ALBERT WHITTED AIRPORT 1088TH AVE, SE, HANGAR 1 SAINT PETERSBURG, FL 33701		
2. Principal Place of Business 107-8th Ave. SE. Suite, Apt. #, etc.		3. Mailing Address 107-8th Ave. SE. Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 60-0004737	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VULGAMORE, JOE 1139 42ND AVE. NORTH SAINT PETERSBURG, FL 33703			7. Name and Address of New Registered Agent Name: <u>Teresa Griner</u> Street Address (P.O. Box Number is Not Acceptable): <u>1635- Royal Palm Drive S. Unit B</u> City: <u>Gulfport</u> FL Zip Code: <u>33707</u>		
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: <u>Teresa Griner</u> DATE: <u>7/14/05</u> <small>Signature, typed or printed name (Typed name required when reappointing) (NOTE: Registered Agent signature required when reappointing)</small>					
Amended AR is \$61.25		9. Election Campaign Financing <input type="checkbox"/> \$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 VD NAME SHIVERS, WILLIAM STREET ADDRESS 219 8TH ST EAST CITY-ST-ZIP SAINT PETERSBURG, FL 33715	<input checked="" type="checkbox"/> Delete		TITLE VD NAME Tim Russell STREET ADDRESS 8950-Dr. MLK Street N. #190 CITY-ST-ZIP St Petersburg Fla. 33702	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE PD NAME GRINER, TERESA STREET ADDRESS 1635 ROYAL PALM DR., S. UNIT B CITY-ST-ZIP GULFPORT, FL 33707	<input type="checkbox"/> Delete		600057759236 07/21/05--01057--012 **70.00		
TITLE SD NAME VULGAMORE, JOSEPH STREET ADDRESS 1139 42ND AVENUE N CITY-ST-ZIP SAINT PETERSBURG, FL 33703	<input checked="" type="checkbox"/> Delete		TITLE SD NAME Jeff Hahn STREET ADDRESS 1517 - Jungle Ave. N. CITY-ST-ZIP St Petersburg, Florida 33710	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TD NAME BOWMAN, JOHN STREET ADDRESS 1636 1ST AVENUE NORTH CITY-ST-ZIP SAINT PETERSBURG, FL 33713	<input checked="" type="checkbox"/> Delete		TITLE TD NAME Dr. Richard Brown STREET ADDRESS 8071 - Seymfe Road CITY-ST-ZIP St Petersburg, Florida 33710	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 it 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: <u>Teresa Griner</u> 7/14/05 727(822-1532) <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

incorrect #05 JUL 15 PM 2:38



07112005 Chg-NP CR2E037 (10/03)

Applied For
Not Applicable

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

(NOTE: Registered Agent signature required when reappointing)

FL 33707

Amended AR is \$61.25

9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	SHIVERS, WILLIAM	
STREET ADDRESS	219 8TH ST EAST	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33715	
TITLE	PD	<input type="checkbox"/> Delete
NAME	GRINER, TERESA	
STREET ADDRESS	1635 ROYAL PALM DR., S. UNIT B	
CITY-ST-ZIP	GULFPORT, FL 33707	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	VULGAMORE, JOSEPH	
STREET ADDRESS	1139 42ND AVENUE N	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33703	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	BOWMAN, JOHN	
STREET ADDRESS	1636 1ST AVENUE NORTH	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33713	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Tim Russell	
STREET ADDRESS	8950-Dr. MLK Street N. #190	
CITY-ST-ZIP	St Petersburg Fla. 33702	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jeff Hahn	
STREET ADDRESS	1517 - Jungle Ave. N.	
CITY-ST-ZIP	St Petersburg, Florida 33710	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dr. Richard Brown	
STREET ADDRESS	8071 - Seymfe Road	
CITY-ST-ZIP	St Petersburg, Florida 33710	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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SIGNATURE: Teresa Griner **7/14/05** **727(822-1532)**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #