# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 20, 2004 08:00 AM**
**Secretary of State**

DOCUMENT # N13115

1. Entity Name
PAN AM HISTORICAL FOUNDATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 7236 SW 55 AVE<br>MIAMI, FL 33143 US | 7236 SW 55 AVE<br>MIAMI, FL 33143 US |

**DO NOT WRITE IN THIS SPACE**

01062004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-2653271
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ABRAMS, DAVID
7236 SW 55 AVE
MIAMI, FL 33143

**DO NOT WRITE IN THIS SPACE**

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is $61.25**
**Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | TD |
| NAME | SEFTON, JENNIE |
| STREET ADDRESS | 78 LAWRENCE PARK TERR |
| CITY-ST-ZIP | BRONXVILLE, NY 10708 |
| TITLE | PD |
| NAME | RUNNETTE, C W |
| STREET ADDRESS | 49 ST JOHN PLACE |
| CITY-ST-ZIP | NEW CANAAN, CT 06840 |
| TITLE | VD |
| NAME | DOUBLEDAY, GEORGE |
| STREET ADDRESS | 2627 LOMBARD STREET |
| CITY-ST-ZIP | SAN FRANCISCO, CA 94123 |
| TITLE | D |
| NAME | ABRAMS, D. |
| STREET ADDRESS | 7236 SW 55TH AVENUE |
| CITY-ST-ZIP | MIAMI, FL |
| TITLE | VD |
| NAME | LEIDNER, ANTHONY S |
| STREET ADDRESS | 10 WEST 9TH STREET |
| CITY-ST-ZIP | NEW YORK, NY 10011 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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01/20/04-80066-016 61.25

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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:** David Abrams (DAVID ABRAMS) 1/15/04 305-667-2329
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #