

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 08, 2007 08:00 AM
Secretary of State

DOCUMENT # N13115

1. Entity Name
PAN AM HISTORICAL FOUNDATION, INC.



Principal Place of Business

**7550 SW 173 ST
MIAMI, FL 33157 US**

Mailing Address

**7550 SW 173 ST
MIAMI, FL 33157 US**



02062007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

**WALBY, LILIAN A
7550 SW 173 ST
MIAMI, FL 33157**

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
SEFTON, JENNIE
78 LAWRENCE PARK TERR
BRONXVILLE, NY 10708**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
RUNNETTE, C W
49 ST JOHN PLACE
NEW CANAAN, CT 06840**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
DOUBLEDAY, GEORGE
2627 LOMBARD STREET
SAN FRANCISCO, CA 94123**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
WALBY, LILIAN A
7550 SW 173 ST
MIAMI, FL 33157**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Lilian A. Walby LILIAN A. WALBY 2/6-07 305-232 1858

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #