

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90132 004 ****61.25

DOCUMENT # N97000002219

1. Entity Name
HISTORIC AIRCRAFT SOCIETY INCORPORATED



Principal Place of Business
**4413 TIPPECANOE TRAIL
SARASOTA, FL 34233**

Mailing Address
**4413 TIPPECANOE TRAIL
SARASOTA, FL 34233**

DO NOT WRITE IN THIS SPACE



03202005 No Chg-NP CR2E037 (10/03)

4. FEI Number
65-0729371

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**AYLWARD, DALE P
4640 E LAKE CIRCLE
SARASOTA, FL 34232**

**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 reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

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
**P/D
BERNARD SPITALNICK
4413 TIPPECANOE TRL
SARASOTA, FL 34233**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
CATHERINE LAMMIE
3929 GLEN OAKS DR. EAST
SARASOTA, FL 34232**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MICHAEL DRAKE
PO BOX 555
SARASOTA, FL 34230**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MILLER, EDWIN
2592 JEFFERSON CIR
SARASOTA, FL 34239**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
AYLWARD, DALE
4640 E LAKE CIRCLE
SARASOTA, FL 34232**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

Bernard Spitalnick

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/05 (941) 926-7191

Date

Daytime Phone #

Bernard Spitalnick