

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 27, 2006 08:00 AM
Secretary of State**

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**



04102006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

**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**

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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, 2006**

**9. Election Campaign Financing
Trust Fund Contribution.**



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

10. OFFICERS AND DIRECTORS

**TITLE P/D
NAME BERNARD SPITALNICK
STREET ADDRESS 4413 TIPPECANOE TRL
CITY-ST-ZIP SARASOTA, FL 34233**

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

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

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

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

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

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05/09/06-80044-004 61.25

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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:

Bernard Spitalnick

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/06

Date

(941) 926-7191

Daytime Phone #

Bernard Spitalnick