

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Mar 03, 2006 8:00 am
Secretary of State

03-03-2006 90097 008 ****61.25

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02202006 Chg-NP CR2E037 (11/05)

DOCUMENT # N13115					
1. Entity Name PAN AM HISTORICAL FOUNDATION, INC.					
Principal Place of Business 7236 SW 55 AVE MIAMI, FL 33143 US			Mailing Address 7236 SW 55 AVE MIAMI, FL 33143 US		
2. Principal Place of Business 7550 SW 173 ST Suite, Apt. #, etc.			3. Mailing Address 7550 SW 173 ST Suite, Apt. #, etc.		
City & State MIAMI FLORIDA		City & State MIAMI FLORIDA		4. FEI Number 59-2653271	
Zip 33157		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ABRAMS, DAVID 7236 SW 55 AVE MIAMI, FL 33143			7. Name and Address of New Registered Agent Name LILIAN A. WALBY Street Address (P.O. Box Number is Not Acceptable) 7550 SW 173 STREET City MIAMI FL Zip Code 33157		
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 LILIAN A. WALBY <small>Signature, typed or printed name of registered agent and title if applicable.</small>			Lilian A. Walby 2/28-06 <small>(NOTE: Registered Agent signature required when reinstating)</small> DATE		
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <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	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SEFTON, JENNIE		NAME		
STREET ADDRESS	78 LAWRENCE PARK TERR		STREET ADDRESS		
CITY-ST-ZIP	BRONXVILLE, NY 10708		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RUNETTE, C W		NAME		
STREET ADDRESS	49 ST JOHN PLACE		STREET ADDRESS		
CITY-ST-ZIP	NEW CANAAN, CT 06840		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DOUBLEDAY, GEORGE		NAME		
STREET ADDRESS	2627 LOMBARD STREET		STREET ADDRESS		
CITY-ST-ZIP	SAN FRANCISCO, CA 94123		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ABRAMS, D.		NAME	LILIAN A. WALBY	
STREET ADDRESS	7236 SW 55TH AVENUE		STREET ADDRESS	7550 SW 173 STREET	
CITY-ST-ZIP	MIAMI, FL		CITY-ST-ZIP	MIAMI FL 33157	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEIDNER, ANTHONY S		NAME		
STREET ADDRESS	10 WEST 9TH STREET		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY 10011		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 2/28-06 305-232 1858		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		