

**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
**7236 SW 55 AVE
MIAMI, FL 33143 US**

Mailing Address
**7236 SW 55 AVE
MIAMI, FL 33143 US**



01062004 No Chg-NP CR2E037 (10/03)

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

**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 _____

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, 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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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: *David Abrams* (DAVID ABRAMS)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/04 *305-667-2329*
Date Daytime Phone #