

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006624

FILED
May 13, 2008
Secretary of State

Entity Name: SEMINOLE HISTORICAL SOCIETY, INC.

Current Principal Place of Business:

9075 SEMINOLE BLVD
SEMINOLE, FL 33772

New Principal Place of Business:

Current Mailing Address:

9075 SEMINOLE BLVD
SEMINOLE, FL 33772

New Mailing Address:

FEI Number: 20-1880424 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SCHULER, TIMOTHY C ESQ
9075 SEMINOLE BLVD
SEMINOLE, FL 33772 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: OLIPHANT, KRISTEN
Address: 14787 BREWSTER DR
City-St-Zip: LARGO, FL 33774

Title: O () Delete
Name: PHILLIPS, DOROTHY A
Address: 6827 TEQUESTA DR
City-St-Zip: SEMINOLE, FL 33777

Title: S () Delete
Name: RUSSELL, MARY
Address: 14158 88TH AVE
City-St-Zip: SEMINOLE, FL 33776

Title: VP () Delete
Name: BARLOW, NANCY
Address: OAKHURST RD.
City-St-Zip: SEMINOLE, FL 33772

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: SAYLOR, MICHAEL
Address: 6621 121ST ST. NO.
City-St-Zip: SEMINOLE, FL 33772

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TRES (X) Change () Addition
Name: HADDAD, JO ANNE
Address: 10335 LONGWOOD DR.
City-St-Zip: LARGO, FL 33777

Title: VP (X) Change () Addition
Name: HARRIS, GENE
Address: 1001 STARKEY RD.
City-St-Zip: SEMINOLE, FL 33776

Title: SEC () Change (X) Addition
Name: RUSSELL, MARY
Address: 8298 139TH LANE NO.
City-St-Zip: SEMINOLE, FL 33776

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JO ANNE HADDAD

TRES

05/13/2008

Electronic Signature of Signing Officer or Director

_____ Date