

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 20, 2009  
Secretary of State**

DOCUMENT# N04000006624

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:**

PO BOX 7652  
SEMINOLE, FL 33772

FEI Number: 20-1880424

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**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: PRES ( ) Delete  
Name: SAYLOR, MICHAEL  
Address: 6621 121ST ST. NO.  
City-St-Zip: SEMINOLE, FL 33772

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

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

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

Title: VP (X) Change ( ) Addition  
Name: HOLLOWAY, SANDY  
Address: 11950 74TH AVE  
City-St-Zip: SEMINOLE, FL 33772

Title: SEC (X) Change ( ) Addition  
Name: BARLOW, NANCY  
Address: 7100 125TH ST. N..  
City-St-Zip: SEMINOLE, FL 33772

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

03/20/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date