

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006624

FILED  
Feb 26, 2010  
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:**

PO BOX 7652  
SEMINOLE, FL 33772

**New Mailing Address:**

**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  
Name: HOLLOWAY, SANDY  
Address: 11590 74TH AVE  
City-St-Zip: SEMINOLE, FL 33772

Title: DIR  
Name: PHILLIPS, DOROTHY A  
Address: 6827 TEQUESTA DR  
City-St-Zip: SEMINOLE, FL 33777

Title: TRES  
Name: ELTER, SHARI  
Address: 11783 90TH AVE N  
City-St-Zip: SEMINOLE, FL 33772

Title: VP  
Name: STANTON, ROBERT A  
Address: PO BOX 3676  
City-St-Zip: SEMINOLE, FL 33775

Title: SEC  
Name: EMSLIE, LINDA  
Address: 12473 90TH AVE N  
City-St-Zip: SEMINOLE, FL 33772

I hereby 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 all other like empowered.

SIGNATURE: SHARI ELTER

TREA

02/26/2010

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

\_\_\_\_\_  
Date