

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 721272

Entity Name: HISTORICAL SOCIETY OF CENTRAL FLORIDA, INC.**Current Principal Place of Business:**65 E CENTRAL BLVD
ORLANDO, FL 32801**Current Mailing Address:**65 E CENTRAL BLVD
ORLANDO, FL 32801 US**FEI Number:** 59-1860444**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**SCHWARTZ, PAMELA SUE
65 E. CENTRAL BLVD
ORLANDO, FL 32801 US*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:** PAMELA SUE SCHWARTZ

01/12/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VP
Name KEST, KRISTOPHER
Address 65 E CENTRAL BLVD
City-State-Zip: ORLANDO FL 32801

Title PRESIDENT
Name BENDO, LENNY
Address 65 E CENTRAL BLVD
City-State-Zip: ORLANDO FL 32801

Title SECRETARY
Name BLOOM, LAUREN
Address 65 E CENTRAL BLVD
City-State-Zip: ORLANDO FL 32801

Title EXECUTIVE DIRECTOR
Name SCHWARTZ, PAMELA SUE
Address 65 E CENTRAL BLVD
City-State-Zip: ORLANDO FL 32801

Title LEGAL COUNSEL
Name RAMOS, HEATHER
Address 65 E CENTRAL BLVD
City-State-Zip: ORLANDO FL 32801

Title TREASURER
Name SLOT, WILLIAM JOHN
Address 65 EAST CENTRAL BLVD
City-State-Zip: ORLANDO FL 32801

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: PAMELA SCHWARTZ**EXECUTIVE DIRECTOR**

01/12/2024

Electronic Signature of Signing Officer/Director Detail

Date