

**2018 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:**PERKINS, MICHAEL J  
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: MICHAEL J PERKINS****02/13/2018**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER  
Name           MARX, HILLARY  
Address        65 E CENTRAL BLVD  
City-State-Zip: ORLANDO FL 32801

Title           PRESIDENT  
Name           DRISCOLL, D MICHAEL  
Address        65 E CENTRAL BLVD  
City-State-Zip: ORLANDO FL 32801

Title           SECRETARY  
Name           COVER, FRANK H  
Address        65 E CENTRAL BLVD  
City-State-Zip: ORLANDO FL 32801

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

Title           DIRECTOR  
Name           PERKINS, MICHAEL  
Address        65 E CENTRAL BLVD  
City-State-Zip: ORLANDO FL 32801

Title           LEGAL COUNSEL  
Name           CLOUD, THOMAS A  
Address        65 E 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: MICHAEL J PERKINS****EXECUTIVE DIRECTOR  
HSCF****02/13/2018**

Electronic Signature of Signing Officer/Director Detail

Date