

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 741020

**Entity Name:** PLANTATION HISTORICAL SOCIETY, INC.

**Current Principal Place of Business:**

511 NORTH FIG TREE LANE  
PLANTATION, FL 33317

**Current Mailing Address:**

511 NORTH FIG TREE LANE  
PLANTATION, FL 33317

**FEI Number: 59-1807194**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

SCHAFER, ROSEMARY  
511 NORTH FIG TREE LANE  
PLANTATION, FL 33317 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name CORBIN, SYDNEY  
Address 511 NORTH FIG TREE LANE  
City-State-Zip: PLANTATION FL 33317

Title 1V  
Name STEWART, ROBERT  
Address 511 NORTH FIG TREE LANE  
City-State-Zip: PLANTATION FL 33317

Title 2V  
Name COBB, BETTY  
Address 511 NORTH FIG TREE LANE  
City-State-Zip: PLANTATION FL 33317

Title T  
Name SIDMAN, KARL  
Address 511 NORTH FIG TREE LANE  
City-State-Zip: PLANTATION FL 33317

Title CS  
Name STEWART, WANDA  
Address 511 NORTH FIG TREE LANE  
City-State-Zip: PLANTATION FL 33317

Title RS  
Name SCHMIDLIN, ALICE  
Address 511 NORTH FIG TREE LANE  
City-State-Zip: PLANTATION FL 33317

*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: KARL SIDMAN**

**TREASURER**

**01/14/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date