

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000006624

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

**Current Principal Place of Business:**

9075 SEMINOLE BLVD  
SEMINOLE, FL 33772

**FILED**  
**Apr 10, 2013**  
**Secretary of State**  
**CC2001651714**

**Current Mailing Address:**

PO BOX 7652  
SEMINOLE, FL 33772

**FEI Number: 20-1880424**

**Certificate of Status Desired: No**

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

SCHULER, TIMOTHY CESQ  
9075 SEMINOLE BLVD  
SEMINOLE, FL 33772 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           PRES  
Name           HOLLOWAY, SANDY  
Address       11590 74TH AVE  
City-State-Zip: SEMINOLE FL 33772

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

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

Title           VP  
Name           VINES, JAMES A  
Address       9655 TARA CAY COURT  
City-State-Zip: SEMINOLE FL 33776

Title           SEC  
Name           EMSLIE, LINDA  
Address       12473 90TH AVE N.  
City-State-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: SANDY HOLLOWAY**

**PRESIDENT**

**04/10/2013**

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

\_\_\_\_\_  
Date