

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000006624

**FILED**  
**Apr 23, 2014**  
**Secretary of State**  
**CC7988114046**

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

**Current Principal Place of Business:**

9075 SEMINOLE BLVD  
SEMINOLE, FL 33772

**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            MCBRIDE, BETSY  
Address        12446 93RD AV  
City-State-Zip: SEMINOLE FL 33772

Title            TRES  
Name            ABRAMO, MICHELE  
Address        12229 92ND TERRACE  
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**

**04/23/2014**

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

\_\_\_\_\_  
Date