

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000006624

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

**Current Principal Place of Business:**

7464 RIDGE ROAD  
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            ABRAMO, MICHELE  
Address        12229 92ND TERRACE,N  
City-State-Zip: SEMINOLE FL 33772

Title            VP  
Name            ETTER, SUE  
Address        7281 123RD STREET N  
City-State-Zip: SEMINOLE FL 33772

Title            TRES  
Name            MCBRIDE, BETSY  
Address        12446 93RD AVENUE,N  
City-State-Zip: SEMINOLE FL 33772

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

Title            SEC  
Name            HORN, CELESTE  
Address        11713 RIDGEVIEW LANE.  
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:** BETSY MCBRIDE

**TREASURER**

01/12/2017

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

\_\_\_\_\_  
Date