

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006624

FILED  
Apr 13, 2007  
Secretary of State

Entity Name: SEMINOLE HISTORICAL SOCIETY, INC.

**Current Principal Place of Business:**

9075 SEMINOLE BLVD  
SEMINOLE, FL 33772

**New Principal Place of Business:**

**Current Mailing Address:**

9075 SEMINOLE BLVD  
SEMINOLE, FL 33772

**New Mailing Address:**

FEI Number: 20-1880424

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SCHULER, TIMOTHY C ESQ  
9075 SEMINOLE BLVD  
SEMINOLE, FL 33772 US

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

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

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: OLIPHANT, KRISTEN  
Address: 14787 BREWSTER DR  
City-St-Zip: LARGO, FL 33774

Title: O ( ) Delete  
Name: PHILLIPS, DOROTHY A  
Address: 6827 TEQUESTA DR  
City-St-Zip: SEMINOLE, FL 33777

Title: T ( ) Delete  
Name: MOHNEY, MARILYN  
Address: 7886 LAKE VISTA DR  
City-St-Zip: SEMINOLE, FL 33772

Title: VP ( ) Delete  
Name: BARLOW, NANCY  
Address: OAKHURST RD.  
City-St-Zip: SEMINOLE, FL 33772

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: RUSSELL, MARY  
Address: 14158 88TH AVE  
City-St-Zip: SEMINOLE, FL 33776

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: KRISTEN OLIPHANT

P

04/13/2007

Electronic Signature of Signing Officer or Director

Date