

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000000770

**FILED**  
**Mar 12, 2012**  
**Secretary of State**

**Entity Name:** MID FLORIDA HISTORICAL RESEARCH AND RECOVERY ASSOCIATION, INC.

**Current Principal Place of Business:**

9699 SW 99TH AVE  
OCALA, FL 34481

**New Principal Place of Business:**

359 N. GOLF HARBOR PATH  
INVERNESS, FL 34450

**Current Mailing Address:**

9699 SW 99TH AVE  
OCALA, FL 34481

**New Mailing Address:**

359 N. GOLF HARBOR PATH  
INVERNESS, FL 34450

**FEI Number:** 80-0535808

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BEARDSLEY, WILLIAM  
9699 SW 99TH AVE  
OCALA, FL 34481 US

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

SEIDMAN, CAROL TREAS.  
359 N. GOLF HARBOR PATH  
INVERNESS, FL 34450 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: CAROL SEIDMAN

03/12/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: BRUNS, MICHAEL  
Address: 2555 E. HIGHWAY 316  
City-St-Zip: CITRA, FL 32113

Title: V. P  
Name: BENJAMIN, GEORGE  
Address: 6530 SE 135 ST.  
City-St-Zip: SUMMERFIELD, FL 34491

Title: D  
Name: SEIDMAN, CAROL  
Address: 359 N GOLF HARBOR PATH  
City-St-Zip: INVERNESS, FL 34450

Title: SECY  
Name: QUIRK, JUDY  
Address: 5909 SW 107TH STREET  
City-St-Zip: OCALA FL., FL 34476

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: CAROL SEIDMAN

TREA

03/12/2012

Electronic Signature of Signing Officer or Director

Date