FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 20 PM 1:10

DOCUMENT # N48728 (2)

1. Corporation Name
THE SEMINOLE WARS HISTORIC FOUNDATION, INC.

Principal Place of Business	Mailing Address
642 5TH TERRACE, SOUTH ST. PETERSBURG FL 33701	642 5TH TERRACE, SOUTH ST. PETERSBURG FL 33701

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/30/1992
3a. Date of Last Report: 08/11/1994
4. FEI Number: 59-3120683 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) Country (25)	Zip (29) Country (30)

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LANE, WILLIAM R., JR.
501 EAST KENNEDY BLVD.
SUITE 1400
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D ☐ Change ☑ Addition
NAME	MCCURDY, JUDITH S.	1.2 NAME	Laumer, Dale
STREET ADDRESS	8226 W. GULF BLVD.	1.3 STREET ADDRESS	35247 Reynolds Avenue
CITY-ST-ZIP	TREASURE ISLAND FL	1.4 CITY-ST-ZIP	Dade City, Fl
TITLE	D	2.1 TITLE	D ☐ Change ☑ Addition
NAME	COVINGTON, JAMES W.	2.2 NAME	S. Crayton Pruitt, M.D.
STREET ADDRESS	2901 SOUTH BEACH DRIVE	2.3 STREET ADDRESS	648 - 6th Ave. So.
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	St. Petersburg, Fl
TITLE	D	3.1 TITLE	D ☐ Change ☑ Addition
NAME	EDWARDS, WILLIAM H., JR.	3.2 NAME	Brammer Lloyd - CPA
STREET ADDRESS	ROUTE 4, BOX 1810	3.3 STREET ADDRESS	13730 - 58th St. N. # 410
CITY-ST-ZIP	KING GEORGE VA	3.4 CITY-ST-ZIP	Clearwater, Fl. 34620
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	MAHON, JOHN K.	4.2 NAME	
STREET ADDRESS	4129 S.W. 2ND AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	LAUMER, FRANK	5.2 NAME	
STREET ADDRESS	35247 REYNOLDS AVENUE	5.3 STREET ADDRESS	
CITY-ST-ZIP	DADE CITY FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	WEISMAN, BRENT R.	6.2 NAME	
STREET ADDRESS	714 N.E. 7TH AVENUE	6.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Judith S. McCurdy President 1/12/95 (813) 896-7103
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER — Date — Daytime Phone #

0055388