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NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N48728** (2)

1. Corporation Name

THE SEMINOLE WARS HISTORIC FOUNDATION, INC.



Principal Place of Business

Mailing Address

~~642 0TH REYNOLDS SOUTH~~
~~SALVENDORGE FL 33601~~

~~642 0TH REYNOLDS SOUTH~~
~~SALVENDORGE FL 33601~~

2. Principal Place of Business

2a. Mailing Address

21 **35247 Reynolds Ave.**

26 **8226 W. Gulf Blvd.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **#4**

27 **#4**

City & State

City & State

23 **Dade City, FL**

28 **Treasure Island, FL**

Zip Country

Zip Country

24 **33525** 25 **USA**

29 **FL 33766** **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D - President** ☐ DELETE
NAME **MCCURDY, JUDITH S.**
STREET ADDRESS **8226 W. GULF BLVD. #4**
CITY-ST-ZIP **TREASURE ISLAND FL 33766**

1.1 TITLE **PT** ☐ Change ☒ Addition
1.2 NAME **BRAMMER, Lloyd J., C.P.A.**
1.3 STREET ADDRESS **13830 - 58th Street North, #410**
1.4 CITY-ST-ZIP **Clearwater, FL 34620**

TITLE **D** ☐ DELETE
NAME **COVINGTON, JAMES W.**
STREET ADDRESS **2801 SOUTH BEACH DRIVE**
CITY-ST-ZIP **TAMPA FL 33629**

2.1 TITLE **D** ☐ Change ☒ Addition
2.2 NAME **PRUITT, J. Clayton, M.D.**
2.3 STREET ADDRESS **643 - 6th Avenue South**
2.4 CITY-ST-ZIP **St. Petersburg, FL 33701**

TITLE **D** ☐ DELETE
NAME **EDWARDS, WILLIAM H., JR.**
STREET ADDRESS **PO BOX 1010 Northern Neck Transfer, Inc.**
CITY-ST-ZIP **KING GEORGE VA 22485 SR 12284**

3.1 TITLE **D** ☐ Change ☒ Addition
3.2 NAME **Billy Cypress**
3.3 STREET ADDRESS **3240 N. 64th Avenue**
3.4 CITY-ST-ZIP **Hollywood, FL 33024**

TITLE **S** ☐ DELETE
NAME **MAHON, JOHN K.**
STREET ADDRESS **4129 S.W. 2ND AVENUE**
CITY-ST-ZIP **GAINESVILLE FL 32607**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **V** ☐ DELETE
NAME **LAUMER, FRANK**
STREET ADDRESS **35247 REYNOLDS AVENUE**
CITY-ST-ZIP **DADE CITY FL 33525**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **WEISMAN, BRENT R.**
STREET ADDRESS **4202 E. Fowler Ave, SEC 107**
CITY-ST-ZIP **TAMPA, FL 33620-8100**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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)(k), 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**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/25/96
Date

(813) 367-1133
Daytime Phone #

CR2E037 (12/95)