FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

N48728 DOCUMENT #

THE SEMINOLE WARS HISTORIC FOUNDATION, INC.

FILED May 20 1997 8:00am Secretary of State



Principal Place of Business Mailing Address									1 (58:(101 0)) 5:05: 10:11 105:0 1:45:				11 14 51	
35247 REYNOLD DADE CITY FL : US			\$U	8226 W GULF BLVD SUITE 4 TREASURE ISLAND FL 33706-5205										
				US					3. Date Incorporated or Qualified 04/30/1992	3a. Date of Last Report 08/01/1996				
2. Principal P	lace of Busin	oss	28	. Mailing Address		.,			4. FEI Number		Applied For			
21				26					59-3120683 Not App			olicable		
Suite, Apt. #, etc.				Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75 Additional Fee Required				
City & State				City & State					6. Election Campaign Financing \$5.00 May Be					
23				28					Trust Fund Contribution					
Zip	Country			Zip Co.			untry		8. This corporation has liability for intangible tax under s. 199.032,			.032		
24	25			29 30					Fiorida Statutes					
	9, Name	and Address of Current	Regis	Registered Agent				10. Name and Address of New Registered Agent						
						81	Name		•					
ŁANE, WILLIAM R., JR.						82 Street Address (P.O. Box Number is Not Acceptable)				ble)	· · ·			
501 EAST KENNEDY BLVD.								(
SUITE 1400														
TAMPA FL 33602						84	City				Toe I	Zin Codo		
						04	City			FL	85	Zip Code		
11. Pursuant office or r agent. I a SIGNATURE	to the provisi registered ag im familiar wi	ions of Sections 617.0502 ent, or both, in the State of th, and accept the obliga	2 and 6 of Flori dions c	617.1508, Florida Statu ida. Such change was of, Section 617.0503, F	ites, the a authorize Iorida Sta	bove d by tutes	e-named the corp s.	l corpor poration	ation submits this statement for the i's board of directors. I hereby acce	purpose o pt the ap	of changi pointmer	ng its reg it as regis	istered tered	
	or printed name of registered agon			TE: Registore	pisjored Agent signature required when reinstating) DATE									
12.	OFFICERS AND						13.		ADDITIONS/CHANGES TO OFFI	CERS AN				
TITLE	DP			☐ DELETE			1.1 TITLE				Cha	nge 📙	Addition	
NAME	MCCURDY, JUDITH S.			1.2 6				McCuaps. JUNETH S.						
STREET ADDRESS				1.9 S			ADDRESS					į,		
CITY-ST-ZIP	TREASURE ISLAND FL						1 - ZIP							
TITLE	D			☐ DELETE 21				Char			nge 🔀	Addition		
NAME COVINGTON, JAMES W.				22 N				BRAMMER, LLOYDJ., CI						
		UTH BE ACH DRIVE		235			ADDRESS		13880 58th St. N. #410					
CITY-ST-ZIP	TAMPA F	<u> </u>		· · · · · · · · · · · · · · · · · · ·			ST - ZIP	Cre	iarwater, Pl 346	<u> </u>				
TITLE	D			☐ DELETE	311	ITLE		0		4.4.1	☐ Cha	nge 💢	Addition	
NAME		OS, WILLIAM H., JR.			32 N	IAME		MR	SITT, J. CRAYTON	, M.	v .			
STREET ADDRESS		RN NECK TRANSFER			335	TREET	ADDRESS		3 6th Avenue So.					
CITY-\$T-ZIP	KING GE	ORGE VA			3 4. 0	OffY-8	ST-2IP	ST	. Petbesburg, Fl	337				
TITLE	S			☐ DELETE	4.1.1	TLE		Ď	_		☐ Cha	nge 🔀	Addition	
NAME		JOHN K.			4 21	MAME		CA	PRESS, BILLY					
STREET ADDRESS		v. 2nd avenue			4.3 S	TREET	ADDRESS	30	40 N. 644 AVE.				ĺ	
CITY-ST-ZIP	GAINES	<u>/ILLE FL</u>			4.4 C	ITY-S	T - ZIP	Ho	LLYWOOD, FL 31	3024				
TITLE	V			DELETE	5.1 T	ITLE					Cha	nge 🔲	Addition	
NAME	LAUMER				52 N	IAME		1						
STREET ADDRESS		EYNOLDS AVENUE			5.3 S	TREET	ADDRESS						ļ	
CITY-ST-ZIP	DADE CI	TY FL			5,4 C	ITY - S	T - ZIP	<u> </u>						
TITLE	D	:		☐ DELETE	6.1 T	ITLE				_	☐ Cha	nge 🔲	Addition	
NAME		n, brent r.			6.2 N	AME								
STREET ADDRESS		FOWLER AVENUE			6.3 S	TREFT	ADDRESS							
CITY-ST-ZIP	TAMPA F	<u>-</u> L			6.4 C	ITY-\$	T-ZIP	<u></u>						
امتنا الما فيها	•	4 (4-4 t-f							. D					

I do hereby certify that the information supplied with this filing 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.