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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

117157 - 90036 - 40

DOCUMENT # **N48728**

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

Principal Place of Business	Mailing Address
35247 REYNOLDS AVENUE DADE CITY FL 33525 US	8226 W GULF BLVD SUITE 4 TREASURE ISLAND FL 33706 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 04/30/1992
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3120683 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

ALTENHOFF, NORMAN R
8226 W GULF BLVD
UNIT 4
TREASURE ISLAND FL 33706

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	1.1 TITLE		☑ Change ☐ Addition
NAME	MCCURDY, JUDITH S.		1.2 NAME	Judith McCurdy-Altenhoff	
STREET ADDRESS	512 SANDY HOOK RD		1.3 STREET ADDRESS		
CITY-ST-ZIP	TREASURE ISLAND FL		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE	T	☐ Change ☑ Addition
NAME	COVINGTON, JAMES W.		2.2 NAME	Norman R. Altenhoff	
STREET ADDRESS	2901 SOUTH BEACH DRIVE		2.3 STREET ADDRESS	512 Sandy Hook Road	
CITY-ST-ZIP	TAMPA FL		2.4 CITY-ST-ZIP	Treasure Island, FL 33706	
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	EDWARDS, WILLIAM H., JR.		3.2 NAME		
STREET ADDRESS	NORTHERN NECK TRANSFER		3.3 STREET ADDRESS		
CITY-ST-ZIP	KING GEORGE VA		3.4. CITY-ST-ZIP		
TITLE	S	☐ DELETE	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	V	☐ DELETE	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	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	WEISMAN, BRENT R.		6.2 NAME		
STREET ADDRESS	4202 E FOWLER AVENUE		6.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. I 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Norman R. Altenhoff 1-5-98 (727) 360-0050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #