

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90040 035 ****61.25

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DOCUMENT # N48728 1. Entity Name THE SEMINOLE WARS HISTORIC FOUNDATION, INC.			
Principal Place of Business 35247 REYNOLDS AVENUE DADE CITY, FL 33525 US		Mailing Address 35247 REYNOLDS AVENUE DADE CITY, FL 33525 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 11611 SW 89th St Suite, Apt. #, etc.	
City & State Gainesville, FL		4. FEI Number 59-3120683	
Zip 32608		Country USA	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent SHELDON, HENRY A 11611 SW 89TH STREET GAINESVILLE, FL 32608		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE D NAME CYPRESS, BILLY STREET ADDRESS 6351 NW 32ND STREET CITY-ST-ZIP HOLLYWOOD, FL 33024	☒ Delete	TITLE D NAME MOORE, GREG STREET ADDRESS 8500 OAKS DR CITY-ST-ZIP ST. AUGUSTINE, FL 32084	☐ Change ☒ Addition
TITLE D NAME EDWARDS, WILLIAM H., JR. STREET ADDRESS NORTHERN NECK TRANSFER CITY-ST-ZIP KING GEORGE, VA	☐ Delete	TITLE S NAME MAHON, JOHN K. STREET ADDRESS 4129 S.W. 2ND AVENUE CITY-ST-ZIP GAINESVILLE, FL 32607	☒ Delete
TITLE V NAME LAUMER, FRANK STREET ADDRESS 35247 REYNOLDS AVENUE CITY-ST-ZIP DADE CITY, FL	☐ Delete	TITLE S NAME CUSICK, JAMES STREET ADDRESS 1500 NW 16th AVE #222 CITY-ST-ZIP GAINESVILLE, FL 32605	☐ Change ☒ Addition
TITLE P NAME WEISMAN, BRENT R. STREET ADDRESS 717 GRAND CIRCLE CITY-ST-ZIP TAMPA, FL 33617	☐ Delete	TITLE T NAME SHELDON, HENRY STREET ADDRESS 11611 SW 89TH STREET CITY-ST-ZIP GAINESVILLE, FL 32608	☐ Delete
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: X Henry A. Sheldon		X 4/14/04 X 3524951781	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	