

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N48728

FILED  
Feb 04, 2005  
Secretary of State

**Entity Name:** THE SEMINOLE WARS HISTORIC FOUNDATION, INC.

**Current Principal Place of Business:**

35247 REYNOLDS AVENUE  
DADE CITY, FL 33525 US

**New Principal Place of Business:**

**Current Mailing Address:**

11611 SW 89TH ST  
GAINESVILLE, FL 32608 US

**New Mailing Address:**

**FEI Number:** 59-3120683

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SHELDON, HENRY A  
11611 SW 89TH STREET  
GAINESVILLE, FL 32608 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: MOORE, GREG  
Address: 8 SEA OAKS DR  
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: D ( ) Delete  
Name: EDWARDS, WILLIAM H., JR.  
Address: NORTHERN NECK TRANSFER  
City-St-Zip: KING GEORGE, VA

Title: S ( ) Delete  
Name: CUSICK, JAMES  
Address: 1500 NW 16TH AVE # 222  
City-St-Zip: GAINESVILLE, FL 32605

Title: V ( ) Delete  
Name: LAUMER, FRANK,  
Address: 35247 REYNOLDS AVENUE  
City-St-Zip: DADE CITY, FL

Title: P ( ) Delete  
Name: WEISMAN, BRENT R.,  
Address: 717 GRAND CIRCLE  
City-St-Zip: TAMPA, FL 33617

Title: T ( ) Delete  
Name: SHELDON, HENRY  
Address: 11611 SW 89TH STREET  
City-St-Zip: GAINESVILLE, FL 32608

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHELDON, HENRY A

T

02/04/2005

Electronic Signature of Signing Officer or Director

Date