## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N48728

FILED Jan 13, 2007 Secretary of State

Entity Name: THE SEMINOLE WARS HISTORIC FOUNDATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 35247 REYNOLDS AVENUE DADE CITY, FL 33525 **Current Mailing Address: New Mailing Address:** 11611 SW 89TH ST GAINESVILLE, FL 32608 US FEI Number: 59-3120683 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SHELDON, HENRY A 11611 SW 89TH STREET US GAINESVILLE, FL 32608 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change ( ) Addition MOORE, GREG SMITH, SAM Name: Name: 8 SEA OAKS DR Address: 2323 SPRINGS LANDING BLVD. Address: City-St-Zip: SAINT AUGUSTINE, FL 32084 City-St-Zip: LONGWOOD, FL 32779 US Title: Title: (X) Change ( ) Addition ( ) Delete Name: EDWARDS, WILLIAM H.,, JR. Name: MISSALL, JOHN Address: NORTHERN NECK TRANSFER Address: 11155 RABUN GAP DRIVE City-St-Zip: KING GEORGE, VA City-St-Zip: NORTH FT. MYERS, FL 33917 US Title: () Delete Title: () Change () Addition CUSICK, JAMES Name: Name: 1500 NW 16TH AVE # 222 Address: Address: City-St-Zip: GAINESVILLE, FL 32605 City-St-Zip: Title: () Delete Title: () Change () Addition Name: LAUMER, FRANK, Name: 35247 REYNOLDS AVENUE Address: Address: City-St-Zip: DADE CITY, FL City-St-Zip: Title: ( ) Delete Title: (X) Change ( ) Addition WEISMAN, BRENT R., WALKER, JACKSON Name: Name: 717 GRAND CIRCLE 1431 FERRIS AVENUE Address: Address: City-St-Zip: TAMPA, FL 33617 City-St-Zip: ORLANDO, FL 32803 Title: () Delete Title: () Change () Addition SHELDON, HENRY Name: Name: Address: 11611 SW 89TH STREET Address: GAINESVILLE, FL 32608 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: HENRY A. SHELDON T 01/13/2007