

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N48728

FILED
Jan 16, 2008
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: SMITH, SAM
Address: 2323 SPRINGS LANDING BLVD.
City-St-Zip: LONGWOOD, FL 32779 US

Title: D () Delete
Name: MISSALL, JOHN
Address: 11155 RABUN GAP DRIVE
City-St-Zip: NORTH FT. MYERS, FL 33917 US

Title: P () 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: D () Delete
Name: WALKER, JACKSON
Address: 1431 FERRIS AVENUE
City-St-Zip: ORLANDO, FL 32803

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change () Addition
Name: SMITH, SAM
Address: 2323 SPRINGS LANDING BLVD.
City-St-Zip: LONGWOOD, FL 32779 US

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

Title: D (X) Change () Addition
Name: KNETSCH, JOE
Address: 166 MEADOW RIDGE DRIVE
City-St-Zip: TALLAHASSEE, FL 32312

Title: P (X) Change () Addition
Name: LAUMER, FRANK,
Address: 35247 REYNOLDS AVENUE
City-St-Zip: DADE CITY, FL

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 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

01/16/2008

Electronic Signature of Signing Officer or Director

Date