


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 06, 2006 8:00 am**  
**Secretary of State**

03-06-2006 90004 040 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                    |                                                                                     |                                                                                                                                                                                                                                       |                                                                                                 |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # N94000000590</b><br>1. Entity Name<br><b>SEMINOLE COUNTY HISTORICAL SOCIETY, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                    |                                                                                     |                                                                                                                                                                                                                                       |                |  |
| Principal Place of Business<br><b>300 BUSH BLVD<br/>SANFORD, FL 32773</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                    |                                                                                     | Mailing Address<br><b>300 BUSH BLVD<br/>SANFORD, FL 32773</b>                                                                                                                                                                         |                                                                                                 |  |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                    | 3. Mailing Address                                                                  |                                                                                                                                                                                                                                       |                                                                                                 |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                    | Suite, Apt. #, etc.                                                                 |                                                                                                                                                                                                                                       |                                                                                                 |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                    | City & State                                                                        |                                                                                                                                                                                                                                       |                                                                                                 |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Country                            | Zip                                                                                 | Country                                                                                                                                                                                                                               | 4. FEI Number<br><b>NOT APPLICABLE</b>                                                          |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                    |                                                                                     |                                                                                                                                                                                                                                       | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |
| 6. Name and Address of Current Registered Agent<br><br><b>TUCKER, CECIL A II<br/>23300 FT. CHRISTMAS RD.<br/>BOX 345<br/>CHRISTMAS, FL 32709</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                    |                                                                                     | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |                                                                                                 |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                    |                                                                                     |                                                                                                                                                                                                                                       |                                                                                                 |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2006</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                    | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |                                                                                                                                                                                                                                       | <b>\$5.00 May Be<br/>Added to Fees</b>                                                          |  |
| <b>Make check payable to<br/>Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                    |                                                                                     |                                                                                                                                                                                                                                       |                                                                                                 |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                    |                                                                                     | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>                                                                                                                                                                          |                                                                                                 |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | D <input type="checkbox"/> Delete  |                                                                                     | TITLE                                                                                                                                                                                                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | TUCKER, CECIL A II                 |                                                                                     | NAME                                                                                                                                                                                                                                  |                                                                                                 |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 23300 FT CHRISTMAS RD BOX 345      |                                                                                     | STREET ADDRESS                                                                                                                                                                                                                        |                                                                                                 |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | CHRISTMAS, FL 32709                |                                                                                     | CITY-ST-ZIP                                                                                                                                                                                                                           |                                                                                                 |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | D <input type="checkbox"/> Delete  |                                                                                     | TITLE                                                                                                                                                                                                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | WHITING, LORRAINE                  |                                                                                     | NAME                                                                                                                                                                                                                                  |                                                                                                 |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | P.O. BOX 155                       |                                                                                     | STREET ADDRESS                                                                                                                                                                                                                        |                                                                                                 |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | GENEVA, FL 32732                   |                                                                                     | CITY-ST-ZIP                                                                                                                                                                                                                           |                                                                                                 |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | PD <input type="checkbox"/> Delete |                                                                                     | TITLE                                                                                                                                                                                                                                 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                    |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | DICKISON, ALEXANDER                |                                                                                     | NAME                                                                                                                                                                                                                                  |                                                                                                 |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <del>4851 HESTER AVE.</del>        |                                                                                     | STREET ADDRESS                                                                                                                                                                                                                        | <b>368 crystal Ridge way</b>                                                                    |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | SANFORD, FL 32773                  |                                                                                     | CITY-ST-ZIP                                                                                                                                                                                                                           | <b>Lake Mary FL 32746</b>                                                                       |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | VD <input type="checkbox"/> Delete |                                                                                     | TITLE                                                                                                                                                                                                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | BISTLINE, JOHN                     |                                                                                     | NAME                                                                                                                                                                                                                                  |                                                                                                 |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 470 VILLAGE PLACE # 216            |                                                                                     | STREET ADDRESS                                                                                                                                                                                                                        |                                                                                                 |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | LONGWOOD, FL 32779                 |                                                                                     | CITY-ST-ZIP                                                                                                                                                                                                                           |                                                                                                 |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | TD <input type="checkbox"/> Delete |                                                                                     | TITLE                                                                                                                                                                                                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | GRIFFIN, LILLIAN                   |                                                                                     | NAME                                                                                                                                                                                                                                  |                                                                                                 |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | P.O. BOX 950508                    |                                                                                     | STREET ADDRESS                                                                                                                                                                                                                        |                                                                                                 |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | LAKE MARY, FL 327950508            |                                                                                     | CITY-ST-ZIP                                                                                                                                                                                                                           |                                                                                                 |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | SD <input type="checkbox"/> Delete |                                                                                     | TITLE                                                                                                                                                                                                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | SMITH, WALTER                      |                                                                                     | NAME                                                                                                                                                                                                                                  |                                                                                                 |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | PO BOX 926                         |                                                                                     | STREET ADDRESS                                                                                                                                                                                                                        |                                                                                                 |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | SANFORD, FL 32772                  |                                                                                     | CITY-ST-ZIP                                                                                                                                                                                                                           |                                                                                                 |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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. |                                    |                                                                                     |                                                                                                                                                                                                                                       |                                                                                                 |  |
| <b>SIGNATURE: Alexander K Dickison</b> <i>Alexander K Dickison</i> <b>2/27/06</b> <b>407 328-2202</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>                                                                                                                                                                                                                                                                                                                                                                                                                              |                                    |                                                                                     |                                                                                                                                                                                                                                       |                                                                                                 |  |