

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 02, 2008 8:00 am
Secretary of State

04-02-2008 90034 009 ****61.25

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1. Entity Name

SEMINOLE COUNTY HISTORICAL SOCIETY, INC.



Principal Place of Business

300 BUSH BLVD
SANFORD FL 32773

Mailing Address

300 BUSH BLVD
SANFORD FL 32773

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TUCKER, CECIL A II
23300 FT. CHRISTMAS RD.
BOX 345
CHRISTMAS FL 32709

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 is required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

Due By May 1, 2008

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

TITLE D
NAME TUCKER, CECIL A II ☐ Delete
STREET ADDRESS 23300 FT CHRISTMAS RD BOX 345
CITY-ST-ZIP CHRISTMAS FL 32709

TITLE D
NAME WHITING, LORRAINE ☒ Delete
STREET ADDRESS P.O. BOX 155
CITY-ST-ZIP GENEVA FL 32732

TITLE PD
NAME DICKISON, ALEXANDER ☒ Delete
STREET ADDRESS 368 CRYSTAL RIDGE WAY
CITY-ST-ZIP LAKE MARY FL 32746

TITLE VD
NAME BISTLINE, JOHN ☐ Delete
STREET ADDRESS 470 VILLAGE PLACE # 216
CITY-ST-ZIP LONGWOOD FL 32779

TITLE TD
NAME KIRCHHOFF, CAROLE ☐ Delete
STREET ADDRESS 2044 Hibiscus Cr.
CITY-ST-ZIP SANFORD FL 32771

TITLE SD
NAME SMITH, WALTER ☒ Delete
STREET ADDRESS PO BOX 926
CITY-ST-ZIP SANFORD FL 32772

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Change ☐ Addition
NAME TUCKER, CECIL A II
STREET ADDRESS 23300 FT. CHRISTMAS RD., BOX 345
CITY-ST-ZIP CHRISTMAS, FL 32709

TITLE D ☐ Change ☒ Addition
NAME GRIFFIN, LILLIAN
STREET ADDRESS P.O. Box 450508
CITY-ST-ZIP LAKE MARY, FL 32795-0508

TITLE PD ☐ Change ☒ Addition
NAME HUNT, MILLARD
STREET ADDRESS 801 E. 2ND ST.
CITY-ST-ZIP SANFORD, FL 32771

TITLE SD ☒ Change ☐ Addition
NAME BISTLINE, JOHN
STREET ADDRESS 470 VILLAGE PLACE #216
CITY-ST-ZIP LONGWOOD, FL 32779

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Change ☒ Addition
NAME GRACE MARIE STINECIPHER
STREET ADDRESS 2401 S. OAK AVE.
CITY-ST-ZIP SANFORD, FL 32771

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE: *CAROLE KIRCHHOFF*
Carole Kirchhoff

3/20/08

407-415-6698