2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2012
Secretary of State

DOCUMENT# N94000000590

Entity Name: SEMINOLE COUNTY HISTORICAL SOCIETY, INC.

Current Principal Place of Business:

300 BUSH BLVD
SANFORD, FL 32773

New Principal Place of Business:

Current Mailing Address:

300 BUSH BLVD
SANFORD, FL 32773

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TUCKER, CECIL A II
23300 FT. CHRISTMAS RD.
BOX 345
CHRISTMAS, FL 32709 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: VD
Name: DICKISON, ALEXANDER K
Address: 368 CRYSTAL RIDGE WAY
City-St-Zip: LAKE MARY, FL 32746

Title: D
Name: COOK, ROSALIE
Address: 115 REEL CT.
City-St-Zip: SANFORD, FL 32773

Title: TD
Name: DICKISON, LOIS
Address: 368 CRYSTAL RIDGE WAY
City-St-Zip: LAKE MARY, FL 32746

Title: D
Name: BISTLINE, JOHN
Address: 470 VILLAGE PLACE #216
City-St-Zip: LONGWOOD, FL 32779

Title: PD
Name: EPPS, DON
Address: 144 PEACOCK DRIVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: SD
Name: MASON, BEVERLY
Address: 309 EAST CRYSTAL DRIVE
City-St-Zip: SANFORD, FL 32773

I hereby 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 all other like empowered.

SIGNATURE: LOIS J. DICKISON TD 01/05/2012
Electronic Signature of Signing Officer or Director — Date