

**FILED**  
**Sep 08, 1999 8:00 am**  
**Secretary of State**

09-08-1999 90005 044 \*\*\*\*61.25

618310-90002-4



AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISCOUNTED, MINIMUM AMOUNT DUE TO REINSTATE IS \$61.25)

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # N98000003176

Corporation Name

SENECA INDIAN HISTORICAL SOCIETY, INC.

Principal Place of Business  
 1174 VINE STREET  
 ORANGE PARK FL 32065

Mailing Address  
 3174 VINE STREET  
 ORANGE PARK FL 32065

Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/03/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number HA59-3526934	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		29	30		

## 9. Name and Address of Current Registered Agent

NITSCH, ROBERT A  
 3174 VINE STREET  
 ORANGE PARK FL 32065

## 10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

I, Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

## SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
FILE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NITSCH, ROBERT A	1.2 NAME	
STREET ADDRESS	3174 VINE STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORANGE PARK FL 32065	1.4 CITY-ST-ZIP	
FILE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NITSCH, TWYLLA V	2.2 NAME	
STREET ADDRESS	3174 VINE STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORANGE PARK FL 32065	2.4 CITY-ST-ZIP	
FILE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARK, WENDY L	3.2 NAME	
STREET ADDRESS	3174 VINE STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORANGE PARK FL 32065	3.4 CITY-ST-ZIP	
FILE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
FILE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
FILE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

I, hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

9-3-99 (904)-276-2735

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/99)