

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000012895

Entity Name: HISTORIC SANFORD WELCOME CENTER, INC.**Current Principal Place of Business:**230 E. FIRST STREET
SANFORD, FL 32771**Current Mailing Address:**230 E. FIRST STREET
SANFORD, FL 32771 US**FEI Number:** 02-0763206**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CASEY, BRIAN
230 E. FIRST STREET
SANFORD, FL 32771 US*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:** BRIAN CASEY

01/20/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	VP
Name	CASEY, BRIAN
Address	230 E. FIRST STREET
City-State-Zip:	SANFORD FL 32771

Title	TREASURER
Name	MAPLES, MARILYN
Address	230 E. FIRST STREET
City-State-Zip:	SANFORD FL 32771

Title	DIRECTOR
Name	WYSONG, SHERRIE
Address	230 E. FIRST STREET
City-State-Zip:	SANFORD FL 32771

Title	PRESIDENT
Name	SURDIN, LEONARD
Address	230 E. FIRST STREET
City-State-Zip:	SANFORD FL 32771

Title	DIRECTOR
Name	DEMING, WAYNE
Address	230 E. FIRST STREET
City-State-Zip:	SANFORD FL 32771

Title	DIRECTOR
Name	HOLDER, LISA
Address	230 E. FIRST STREET
City-State-Zip:	SANFORD FL 32771

Title	DIRECTOR
Name	CROSBY, PERLA
Address	230 E. FIRST STREET
City-State-Zip:	SANFORD FL 32771

Title	SECRETARY
Name	AKARD, BONNIE
Address	230 E. FIRST STREET
City-State-Zip:	SANFORD FL 32771

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: MARILYN MAPLES**TREASURER**

01/20/2017

Electronic Signature of Signing Officer/Director Detail

Date