

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB - 1 PM 12: 11

DOCUMENT # 732536 (8)  
1. Corporation Name  
ASSOCIATION OF NON-INSTRUCTIONAL PERSONNEL OF SEMINOLE COUNTY BOARD OF PUBLIC INSTRUCTION, INC.

Principal Place of Business Mailing Address  
404 W. 25TH STREET SANFORD FL 32771

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip Country 29 Country 30

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/22/1975 3a. Date of Last Report 02/09/1994  
4. FEI Number 59-1979329 Applied For Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
WHEELER, NANCY S.  
241 ALMYRA DRIVE  
LAKE MARY FL 32746

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	P
NAME	WASHINGTON, BRUCE
STREET ADDRESS	1016 S. LAKE AVE.
CITY-ST-ZIP	SANFORD, FL 32771
TITLE	VP
NAME	WILSON, PATRICK
STREET ADDRESS	135 SCOTT DR
CITY-ST-ZIP	SANFORD FL
TITLE	S
NAME	<del>ODDY, ADELINE</del>
STREET ADDRESS	<del>1202 W 12 ST</del>
CITY-ST-ZIP	<del>SANFORD FL</del>
TITLE	D
NAME	<del>DANIELS, DOROTHY</del>
STREET ADDRESS	<del>1017 ALEXANDER AVE.</del>
CITY-ST-ZIP	<del>SANFORD FL</del>
TITLE	Y
NAME	MORAN, JOANN
STREET ADDRESS	133 SCOTT DR
CITY-ST-ZIP	SANFORD FL
TITLE	D
NAME	BURKE, HILTON
STREET ADDRESS	131 SCOTT DRIVE
CITY-ST-ZIP	SANFORD, FL 32771

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Secretary
3.3 STREET ADDRESS	Yarns, Georgiana
3.4 CITY-ST-ZIP	1165 Round Lake Court Oviedo, FL 32765
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Director
4.3 STREET ADDRESS	Beasley, George
4.4 CITY-ST-ZIP	139 Scott Drive Sanford, FL 32771
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Bruce F. Washington Bruce F. Washington 1/27/95 (407) 323-1131  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

9/1/94

**1994-95 NIPSCO  
Officers and Board of Directors**

		<u>Home Phone</u>	<u>Worksite</u>	<u>Elected</u>
<b><u>President:</u></b>	Bruce Washington 1016 S. Lake Avenue Sanford, FL 32771	322-6129	Velma Mitchell 322-5556 (ext. 232) <u>Beeper:</u> 444-0938	5/93
<b><u>Vice-President:</u></b>	Patrick Wilson 135 Scott Drive Sanford, FL 32771	323-7694	Seminole 322-4352 <u>Beeper:</u> 740-3732	5/93
<b><u>Secretary:</u></b>	Georgiana Yarns 1165 Round Lake Ct. Oviedo, FL 32765	363-4164	South Seminole 831-6808	Appointed 8/93 (term ends 5/95)
<b><u>Treasurer:</u></b>	JoAnn Moran 133 Scott Drive Sanford, FL 32771	330-5937	Milwee 831-4711	5/93
<b><u>Directors:</u></b> (Custodial)	George Beasley 139 Scott Drive Sanford, FL 32771	330-0238	Seminole 322-4352	5/94
	Hilton Burke 131 Scott Drive Sanford, FL 32771	322-8736	Lake Brantley 862-1776	5/93
	Larry Robinson 2230 Dolarway Street Sanford, FL 32771	no phone listed	Crooms 322-6022	5/94
<b><u>Directors:</u></b> (Food Service)	Cathy Brown 147 13th Avenue North Longwood, FL 32750	339-2503	Indian Trails 359-7534	Appointed 9/93
	Dorothy Crockett 2887 Gardens Drive Sanford, FL 32773	322-6853	Lyman 830-9058	5/94
	Pat Tyrrell 2971 W. Airport Blvd. Sanford, FL 32771	323-5610	Winter Springs 327-4538	5/93
<b><u>Directors:</u></b> (Maintenance)	Cam Stevens 1637 Howland Blvd. Deltona, FL 32738  (1 vacant position)	904/789-0949	Maintenance (327-6029)	5/93
<b><u>Director:</u></b> (Transportation)	(vacant)			