

FILE NOW: FILING FEE IS \$61.25

FILED  
Jan 29 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 732536 (8)**

1. Corporation Name  
**ASSOCIATION OF NON-INSTRUCTIONAL PERSONNEL OF SEMINOLE COUNTY BOARD OF PUBLIC INSTRUCTION, INC.**



Principal Place of Business <b>404 W. 25TH STREET SANFORD FL 32771</b>	Mailing Address <b>404 W. 25TH STREET SANFORD FL 32771-4422</b>
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3. Date Incorporated or Qualified <b>04/22/1975</b>	3a. Date of Last Report <b>01/29/1996</b>
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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
24 Country	29 Country

4. FEI Number <b>59-1979329</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 City
84 State <b>FL</b>
85 Zip Code

11. 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>GALLANT, DAVID</b>	
STREET ADDRESS	<b>2336 BRIMHALL CT.</b>	
CITY-ST-ZIP	<b>DELTONA FL</b>	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MORAN, JOANN</b>	
STREET ADDRESS	<b>133 SCOTT DRIVE</b>	
CITY-ST-ZIP	<b>SANFORD FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>YARNS, GEORGIANA</b>	
STREET ADDRESS	<b>1165 ROUND LAKE COURT</b>	
CITY-ST-ZIP	<b>OVIEDO FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BEASLEY, GEORGE</b>	
STREET ADDRESS	<b>139 SCOTT DRIVE</b>	
CITY-ST-ZIP	<b>SANFORD FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>COCHRAN, MAXINE</b>	
STREET ADDRESS	<b>406 E. STATE RD. 434</b>	
CITY-ST-ZIP	<b>WINTER SPRINGS FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>GORDON, LILY</b>	
STREET ADDRESS	<b>2535 S. MAGNOLIA AVE.</b>	
CITY-ST-ZIP	<b>SANFORD FL</b>	

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 checked="" type="checkbox"/> Addition
2.2 NAME	<b>V LAFOUNTAIN, PENNY</b>
2.3 STREET ADDRESS	<b>20 N. FAIRFAX AVENUE</b>
2.4 CITY-ST-ZIP	<b>WINTER SPRINGS, FL 32708</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>D LONG, WILLIAM</b>
4.3 STREET ADDRESS	<b>919 E. 10TH STREET</b>
4.4 CITY-ST-ZIP	<b>SANFORD, FL 32771</b>
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	<b>930 SHARON COURT</b>
5.4 CITY-ST-ZIP	<b>OVIEDO, FL 32765</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

(SEE ATTACHED SHEET FOR OTHER DIRECTORS.)

14. I do 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.

SIGNATURE: *David Gallant* Date: 1/14/97 (407) 323-1131

CR2E037 (9/96)

**1996-97 NIPSCO**  
**Officers and Board of Directors**

	<u>Home Phone</u>	<u>Worksite</u>	<u>Elected</u>
<b><u>President:</u></b>	David Gallant 2336 Brimhall Court Deltona, FL 32738	574-0956 314-1295 (cell#) <u>Beeper:</u> 444-3567	IMT Services 320-0163 5/95
<b><u>Vice-President:</u></b>	Penny LaFountain 20 N. Fairfax Avenue Winter Springs, FL 32708	327-2851 Carillon 366-2506	Appointed 2/96 to fill J. Moran's term; term expires 6/97
<b><u>Secretary:</u></b>	Georgiana Yarns 1165 Round Lake Ct. Oviedo, FL 32765	365-4164 South Seminole 831-6808	5/95
<b><u>Treasurer:</u></b>	Maxine Cochran 930 Sharon Court Oviedo, FL 32765	359-3281 Carillon 366-2506	5/95
<b><u>Directors:</u></b> (Custodial)	Lily Gordon 2535 S. Magnolia Ave. Sanford, FL 32773	321-8278 Sterling Park 695-7979	Appointed 7/96 to fill H. Lingard's term; term expires 6/97
	William "Fish" Long 919 E. 10th Street Sanford, FL 32771	322-4495 Goldsboro 322-7933	5/96
	Albert People 112 Essex Ave., #12B Altamonte Springs, FL 32701	331-8594 Altamonte 831-6606	5/96
	Bruce Washington 3291 S. Sanford Ave., #67 Sanford, FL 32773	324-2047 Velma Mitchell 322-5556 (ext. 232) <u>Beeper:</u> 940-6577	5/95
<b><u>Directors:</u></b> (Food Service)	Cathy Brown 1634 S. Pine Ridge Circle Sanford, FL 32773-4824	302-0184 Teague 869-9140	5/95
	Skip White 424 Winding Oak Lane Longwood, FL 32750	339-3406 Lake Mary High 322-7111	5/96
<b><u>Directors:</u></b> (Maintenance)	(2 vacant positions)		
<b><u>Director:</u></b> (Transp./IMTS)	Steve Bell 1612 Riveredge Rd. Oviedo, FL 32766	366-6905 Mellonville Annex Information Svcs. <u>Beeper:</u> 441-1312	Appointed 3/96; term expires 6/97