

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2007
Secretary of State

DOCUMENT# 732536

Entity Name: ASSOCIATION OF NON-INSTRUCTIONAL PERSONNEL OF SEMINOLE COUNTY BOARD OF PUBLIC INSTRUCTION, INC.

Current Principal Place of Business:

404 W. 25TH STREET
SANFORD, FL 32771

New Principal Place of Business:

813 ORIENTA AVE.
ALTAMONTE SPRINGS, FL 32701

Current Mailing Address:

404 W. 25TH STREET
SANFORD, FL 32771

New Mailing Address:

813 ORIENTA AVE.
ALTAMONTE SPRINGS, FL 32701

FEI Number: 59-1979329

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SANCHEZ, PAUL A
1961 DOWNS CT.
LAKE MARY, FL 32746 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: P () Delete
Name: HOPES, CRAIG
Address: 4336 ROCK RIDGE PL.
City-St-Zip: SANFORD, FL 32773

Title: ST () Delete
Name: LAW, BRUCE
Address: 294 ACORN DR.
City-St-Zip: LONGWOOD, FL 32750

Title: D () Delete
Name: LAW, BRUCE
Address: 294 ACORN DR.
City-St-Zip: LONGWOOD, FL 32750

Title: D () Delete
Name: BROWN, CLAUDETTE
Address: 2521 CRAWFORD DR.
City-St-Zip: SANFORD, FL 32771

Title: T () Delete
Name: CULBRETH, ERNEST
Address: 2931 W. 5TH ST.
City-St-Zip: SANFORD, FL 32771

Title: S () Delete
Name: EVANS, LEE
Address: 1012 E. RIVIERA BLVD.
City-St-Zip: OVIEDO, FL 32765

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: CRAIG HOPES

P

01/26/2007

Electronic Signature of Signing Officer or Director

Date