

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2009
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:

813 ORIENTA AVE.
ALTAMONTE SPRINGS, FL 32701

New Principal Place of Business:

Current Mailing Address:

813 ORIENTA AVE.
ALTAMONTE SPRINGS, FL 32701

New Mailing Address:

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

Title: SEC () Delete
Name: THOMAS, SHEILA
Address: 1826 COOLIDGE AVE.
City-St-Zip: SANFORD, FL 32771

Title: T () Delete
Name: JACKSON, LUCY
Address: 519 E. 1ST ST
City-St-Zip: SANFORD, FL 32771

Title: D () Delete
Name: ROBLES, FERNANDO
Address: 3200 LOCKWOOD BLVD.
City-St-Zip: OVIEDO, FL 32765

Title: D () Delete
Name: PEOPLE, ALBERT
Address: 3051 KINGS RD
City-St-Zip: SANFORD, FL 32771

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: EVANS, LEE
Address: 1012 EAST RIVIERA BLVD.
City-St-Zip: OVIEDO, FL 32765

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

Title: () Change () Addition
Name:
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 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

01/14/2009

Electronic Signature of Signing Officer or Director

_____ Date