

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 24, 2004
Secretary of State**

DOCUMENT# N02000003158

Entity Name: SEMINOLES OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

155 N. COUNTY RD 315
INTERLACHEN, FL 32148

New Principal Place of Business:

Current Mailing Address:

155 N. COUNTY RD 315
INTERLACHEN, FL 32148

New Mailing Address:

FEI Number: 52-2378465 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WORTHINGTON, JOHNNIE C
155 N. COUNTY RD 315
INTERLACHEN, FL 32148

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: PCD () Delete
Name: WORTHINGTON, JOHNNIE C
Address: 155 N. COUNTY RD 315
City-St-Zip: INTERLACHEN, FL 32148

Title: M () Delete
Name: CAULDER, DANNY
Address: 513 OAK CREST ST
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: VTD () Delete
Name: FOSTER, GERALD V
Address: 139 MANGLES DR
City-St-Zip: INTERLACHEN, FL 32148

Title: D () Delete
Name: CARLTON, LISA SUE
Address: 155 N COUNTY RD #315
City-St-Zip: INTERLACHEN, FL 32148

Title: SD () Delete
Name: MANGER, SHARON A
Address: 3324 NW 48TH LN
City-St-Zip: OCALA, FL 34482

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:

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

Title: SD (X) Change () Addition
Name: HOSEY, MARY
Address: 7020 N.E. 218 TERRACE
City-St-Zip: MELROSE, FL 32666

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: GERALD V. FOSTER

Electronic Signature of Signing Officer or Director

VTD

04/24/2004

Date