

# 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N02000003158

FILED  
Oct 25, 2007  
Secretary of State

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 ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

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

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: JOHNNIE C. WORTHINGTON

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: HOSEY, MARY  
Address: 7020 N.E. 218 TERRACE  
City-St-Zip: MELROSE, FL 32666

**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:      ( ) 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: JOHNNIE C. WORTHINGTON

PCD

10/25/2007

Electronic Signature of Signing Officer or Director

Date