

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000862

FILED
Apr 25, 2006
Secretary of State

Entity Name: SEMINOLE COUNTY TRIAD, INC.

Current Principal Place of Business:

220 FREEMAN ST
LONGWOOD, FL 32750

New Principal Place of Business:

220 FREEMAN ST
LONGWOOD, FL 32750 US

Current Mailing Address:

220 FREEMAN ST
LONGWOOD, FL 32750

New Mailing Address:

220 FREEMAN ST
LONGWOOD, FL 32750 US

FEI Number: 77-0628215

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAVANAUGH, LINDA J
220 FREEMAN ST
LONGWOOD, FL 32750 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: KENYON, MICHAEL A
Address: 2782 W. HURON DR.
City-St-Zip: DELTONA, FL 32738

Title: VP () Delete
Name: CAVANAUGH, LINDA
Address: 220 FREEMAN ST.
City-St-Zip: LONGWOOD, FL 32750

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CAVANAUGH, LINDA J
Address: 220 FREEMAN ST
City-St-Zip: LONGWOOD, FL 32750 US

Title: VP (X) Change () Addition
Name: KENYON, MICHAEL A
Address: 2782 W. HURON DR.
City-St-Zip: DELTONA, FL 32738 US

Title: SECT () Change (X) Addition
Name: PATRICIA, SHIELDS
Address: PO BOX 951636
City-St-Zip: LAKE MARY, FL 32750 US

Title: TREA () Change (X) Addition
Name: BONKOWSKI, JEFF
Address: 478 EAST ALTAMONTE DR SUITE 108 #205
City-St-Zip: ALTAMONTE SPRINGS, FL 32701 US

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: LINDA J CAVANAUGH

P

04/25/2006

Electronic Signature of Signing Officer or Director

Date