2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2007
Secretary of State

DOCUMENT# N03000000862

Entity Name: SEMINOLE COUNTY TRIAD, INC.

Current Principal Place of Business:

220 FREEMAN ST
LONGWOOD, FL 32750 US

New Principal Place of Business:

Current Mailing Address:

220 FREEMAN ST
LONGWOOD, FL 32750 US

New Mailing Address:

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:	CAVANAUGH, LINDA J	
Address:	220 FREEMAN ST	
City-St-Zip:	LONGWOOD, FL 32750 US	
Title:	VP	( ) Delete
Name:	KENYON, MICHAEL A	
Address:	2782 W. HURON DR.	
City-St-Zip:	DELTONA, FL 32738 US	
Title:	SECT	( ) Delete
Name:	PATRICIA, SHIELDS	
Address:	PO BOX 951636	
City-St-Zip:	LAKE MARY, FL 32750 US	
Title:	TREA	(X) Delete
Name:	BONKOWSKI, JEFF	
Address:	478 EAST ALTAMONTE DR SUITE 108 #205	
City-St-Zip:	ALTAMONTE SPRINGS, FL 32701 US	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	VP	(X) Change ( ) Addition
Name:	MILLER, RICK	
Address:	101 BUSH BLVD	
City-St-Zip:	SANFORD, FL 32773	
Title:	SECT	(X) Change ( ) Addition
Name:	LYMARY, MUNOZ	
Address:	101 BUSH BLVD	
City-St-Zip:	SANFORD, FL 32772 US	
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: LINDA J CAVANAUGH PRES 04/28/2007

Electronic Signature of Signing Officer or Director — Date