

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19736

FILED  
Mar 23, 2010  
Secretary of State

Entity Name: SEMINOLE #4147, F.O.E., INC.

**Current Principal Place of Business:**

6987 54TH AVE. N.  
ST.PETERSBURG, FL 33709

**New Principal Place of Business:**

**Current Mailing Address:**

6987 54TH AVE. N.  
ST.PETERSBURG, FL 33709

**New Mailing Address:**

FEI Number: 59-2732392

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ULREY, LOUIS P JR  
6757 78TH AVENUE N  
PINELLAS PARK, FL 33781 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  
Name: GERARD, KENNETH  
Address: 7138 65TH ST N  
City-St-Zip: PINELLAS PARK, FL 33781

Title: V  
Name: HANSEN, BARBARA L  
Address: 7758 FAREHAM COURT N  
City-St-Zip: SAINT PETERSBURG, FL 33709

Title: S  
Name: BERRINGER, JERRY  
Address: 3992 62ND ST N  
City-St-Zip: SAINT PETERSBURG, FL 33709

Title: T  
Name: DEPEW, TAMARA L  
Address: 11663 GROVE ST  
City-St-Zip: SEMINOLE, FL 33772

Title: D  
Name: HANSEN, WILLIAM C  
Address: 7758 FAREHAM COURT N  
City-St-Zip: ST PETERSBURG, FL 33709

Title: D  
Name: MCGINNIS, MONTE L  
Address: 11663 GROVE ST  
City-St-Zip: SEMINOLE, FL 33772

I hereby 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 all other like empowered.

SIGNATURE: JERRY BERRINGER

S

03/23/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date