

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 26, 1999 8:00 am**  
**Secretary of State**

04-26-1999 90204 001 \*\*\*\*61.25

0014696

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N40698**

1. Corporation Name  
**SEMINOLE HIGH SCHOOL COMMUNITY AND STUDENT ACTION COMMITTEE, INC.**

Principal Place of Business 5675 DEER PATH LANE SANFORD FL 32771 US	Mailing Address 5675 DEER PATH LANE SANFORD FL 32771 US
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2. Principal Place of Business 21 101 FAIRWAY Suite, Apt. #, etc. 22	2a. Mailing Address 26 101 FAIRWAY Suite, Apt. #, etc. 27	3. Date Incorporated or Qualified 11/05/1990	4. FEI Number 59-3014412	Applied For Not Applicable
23 City & State LONGWOOD, FL.	28 City & State LONGWOOD, FL.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
24 Zip 32779	25 Country seminole	29 Zip 32779	30 Country seminole	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
				\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent HIGGINS, WILLIAM M. 2420 SOUTH BAY AVENUE SANFORD FL 32771	81 Name	10. Name and Address of New Registered Agent		
	82 Street Address (P.O. Box Number is Not Acceptable)			
	83			
	84 City	FL	85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	HIGGINS, WILLIAM M 2420 SOUTH BAY AVENUE SANFORD FL 32771	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE CD	WELLS, TOBY P.O. BOX 1334 N/A SANFORD FL 32772	1.2 NAME	
TITLE DT	SPRINGFIELD, JANICE R 770 BANANA LAKE RD LAKE MARY FL	1.3 STREET ADDRESS	
TITLE		1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		2.2 NAME	
TITLE		2.3 STREET ADDRESS	
TITLE		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		3.2 NAME	
TITLE		3.3 STREET ADDRESS	
TITLE		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		4.2 NAME	
TITLE		4.3 STREET ADDRESS	
TITLE		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		5.2 NAME	
TITLE		5.3 STREET ADDRESS	
TITLE		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		6.2 NAME	
TITLE		6.3 STREET ADDRESS	
TITLE		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE 4-21-99 407-333-4342  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)