

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 09, 2007 8:00 am**  
**Secretary of State**

02-09-2007 90026 005 \*\*\*\*70.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                    |                                                                                  |                                                                                                                                                                                                                                           |                                                                                                                                                          |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # N97000002222</b><br>1. Entity Name<br><b>SEMINOLE CULTURAL ARTS THEATRE, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                    |                                                                                  |                                                                                                                                                                                                                                           |                                                                         |  |
| Principal Place of Business<br><b>25 WEST MOWRY DRIVE<br/>HOMESTEAD, FL 33030 US</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                    |                                                                                  | Mailing Address<br><b>25 WEST MOWRY DRIVE<br/>CULTURAL ANNEX<br/>HOMESTEAD, FL 33030 US</b>                                                                                                                                               |                                                                                                                                                          |  |
| 2. Principal Place of Business - No P.O. Box #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                    | 3. Mailing Address                                                               |                                                                                                                                                                                                                                           |                                                                                                                                                          |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                    | Suite, Apt. #, etc.                                                              |                                                                                                                                                                                                                                           |                                                                                                                                                          |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                    | City & State                                                                     |                                                                                                                                                                                                                                           |                                                                                                                                                          |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Country                                                                                                            | Zip                                                                              | Country                                                                                                                                                                                                                                   |                                                                                                                                                          |  |
| 6. Name and Address of Current Registered Agent<br><br><b>MAY, FRANK R<br/>29520 SW 199TH AVE<br/>HOMESTEAD, FL 33030</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                    |                                                                                  | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |                                                                                                                                                          |  |
| 8. 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. I am familiar with, and accept the obligations of registered agent.<br><br>SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>                                                                                                                                                                                                                       |                                                                                                                    |                                                                                  |                                                                                                                                                                                                                                           |                                                                                                                                                          |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2007</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                    | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |                                                                                                                                                                                                                                           | <b>\$5.00 May Be<br/>Added to Fees</b>                                                                                                                   |  |
| <b>Make check payable to<br/>Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                    |                                                                                  |                                                                                                                                                                                                                                           |                                                                                                                                                          |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                    |                                                                                  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                                                                                                                                                                                     |                                                                                                                                                          |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>VP<br/>GONZALEZ, CHARLES<br/>27050 SW 189 AVENUE<br/>HOMESTEAD, FL 33031</b> <input type="checkbox"/> Delete    |                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                            | <b>VPD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                                                                  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>TD<br/>SCHUMACHER, BERNARD<br/>1200 NW 4TH ST<br/>HOMESTEAD, FL 33030</b> <input type="checkbox"/> Delete       |                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>VPD<br/>FAGAN, LINDA<br/>17305 SW 300TH STREET<br/>HOMESTEAD, FL 33030</b> <input type="checkbox"/> Delete      |                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>S<br/>SMITH, JUANITA<br/>706 NW 3RD ST<br/>FLORIDA CITY, FL 33034</b> <input type="checkbox"/> Delete           |                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                            | <b>SD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>P<br/>MAY, FRANK R<br/>29520 SOUTHWEST 199TH AVENUE<br/>HOMESTEAD, FL 33030</b> <input type="checkbox"/> Delete |                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                            | <b>PD<br/>MAY, FRANK R<br/>122 CAMILO AVENUE<br/>CORAL GABLES, FL 33134</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                                    |                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                        |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |                                                                                                                    |                                                                                  |                                                                                                                                                                                                                                           |                                                                                                                                                          |  |
| <b>SIGNATURE: F.R. MAY FRANK R. MAY 2/1/2007 305-298-2717</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                    |                                                                                  |                                                                                                                                                                                                                                           |                                                                                                                                                          |  |

40012041



02012007 Chg-NP CR2E037 (12/06)

4. FEI Number  
**65-0757037**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional  
Fee Required**