



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90056 028 ****61.25

DOCUMENT # N40698 1. Entity Name SEMINOLE HIGH SCHOOL COMMUNITY AND STUDENT ACTION COMMITTEE, INC.					
Principal Place of Business 770 BANANA LAKE RD LAKE MARY, FL 32746 US			Mailing Address 770 BANANA LAKE RD LAKE MARY, FL 32746 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		03092008 Chg-NP CR2E037 (12/06)	
Zip Country		Zip Country		4. FEI Number 59-3014412	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HIGGINS, WILLIAM M. 1770 EDWIN BLVD WINTER PARK, FL 32789			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HIGGINS, WILLIAM M 1770 EDWIN BLVD WINTER PARK, FL 32789		TITLE NAME STREET ADDRESS CITY-ST-ZIP	453 CAROLINA WINTER PARK, FL 32789	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SPRINGFIELD, JANICE R 770 BANANA LAKE RD LAKE MARY, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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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.					
SIGNATURE: _____			3-31-08 407-333-2430		