

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19736

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

Current Principal Place of Business:

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

Current Mailing Address:

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

FEI Number: 59-2732392

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

POULIOT, GENE
5660 60TH WAY N
SAINT PETERSBURG, FL 33709 US

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: GENE POULIOT

02/27/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VP
Name GAY, ROBERT W
Address 8121 23RD AVE N
City-State-Zip: ST PETERSBURG FL 33710-3617

Title PRESIDENT
Name DUFFY, JAMES
Address 2826 49TH STREET N
City-State-Zip: SAINT PETERSBURG FL 33710

Title S
Name GERARD, VALERIE J
Address 7138 65TH ST N
City-State-Zip: PINELLAS PARK FL 33781

Title TREASURER
Name HOPE, TEAL D
Address 6735 54TH AVE NORTH
LOT #65
City-State-Zip: ST PETERSBURG FL 33709-1458

Title TRUSTEE
Name POULIOT, EUGENE
Address 5660 60TH WAY N
City-State-Zip: ST PETERSBURG FL 33709

Title TRUSTEE
Name HOPE, TOM E
Address 6735 54TH AVENUE N
LOT #65
City-State-Zip: ST PETERSBURG FL 33709-1458

Title TRUSTEE
Name GILLESPIE, CLIFFORD
Address 6100 62ND AVE N
LOT # 6
City-State-Zip: PINELLAS PARK FL 33781

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: VALERIE J GERARD

SECRETARY

02/27/2015

Electronic Signature of Signing Officer/Director Detail

Date