

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40698

Entity Name: SEMINOLE HIGH SCHOOL COMMUNITY AND STUDENT ACTION COMMITTEE, INC.**Current Principal Place of Business:**505 QUAIL DOWN DR.
DEBARY, FL 32713-4506**Current Mailing Address:**505 QUAIL DOWN DR.
DEBARY, FL 32713-4506 US**FEI Number: 59-3014412****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**HIGGINS, WILLIAM M.
1340 N. ATLANTIC AVE
NEW SMYRNA BEACH, FL 32169 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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	D
Name	HIGGINS, WILLIAM M
Address	1340 N. ATLANTIC AVE
City-State-Zip:	NEW SMYRNA BEACH FL 32169

Title	OFFICER
Name	TURNER, CHRISTY RUTH
Address	2342 LIONS PAW COURT
City-State-Zip:	GRAND JUNCTION CO 81507

Title	OFFICER
Name	ZAMPINI, FRANCINE
Address	1614 CHERRY BLOSSOM TERRACE
City-State-Zip:	LAKE MARY FL 32746

Title	CFO
Name	NOELL, PEGGY
Address	505 QUAIL DOWN DR.
City-State-Zip:	DEBARY FL 32713-4506

Title	OFFICER
Name	SPRINGFIELD, JANICE
Address	770 BANANA LAKE DR.
City-State-Zip:	LAKE MARY FL 32746

Title	OFFICER
Name	PAYNE, WILLIAM
Address	1312 OLD VILLAGE RD.
City-State-Zip:	TALLAHASSEE FL 32312

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: PEGGY NOELL**CFO****01/12/2021**

Electronic Signature of Signing Officer/Director Detail

Date