

**2019 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.  
453 CAROLINA  
WINTER PARK, FL 32789 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	453 CAROLINA
City-State-Zip:	WINTER PARK FL 32789

Title	OFFICER
Name	TURNER, CHRISTY RUTH
Address	51 W. 81ST ST., APT 2CD
City-State-Zip:	NEW YORK NY 10024

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

Title	OFFICER
Name	MOHR, SUE
Address	417 VALENCIA CT.
City-State-Zip:	LONGWOOD FL 32750

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	SCOTT, DAVID B
Address	720 GLADWIN AVE
City-State-Zip:	FERN PARK FL 32730

*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****01/04/2019**

Electronic Signature of Signing Officer/Director Detail

Date