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FILED

Jan 15 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 704468 (8)

1. Corporation Name

SEMINOLE COMMUNITY CENTER

Principal Place of Business

1470 CEDAR STREET
PO BOX 386
NICEVILLE FL 32588-7386

Mailing Address

1470 CEDAR STREET
PO BOX 386
NICEVILLE FL 32588-03863. Date Incorporated or Qualified
08/30/19623a. Date of Last Report
01/29/1996

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FIELDS, WARREN
1538 HICKORY ST.
NICEVILLE FL 32578

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE SD ☐ DELETENAME MCLEAN, DOROTHY
STREET ADDRESS 1489 CYPRESS ST.
CITY - ST - ZIP NICEVILLE FLTITLE TD ☐ DELETENAME BLACK, FRED
STREET ADDRESS 1578 HICKORY ST.
CITY - ST - ZIP NICEVILLE FLTITLE D ☐ DELETENAME MESSIMER, HAZEL
STREET ADDRESS 1493 HICKORY ST.
CITY - ST - ZIP NICEVILLE FLTITLE DV ☐ DELETENAME FREEMAN, LILLIAN
STREET ADDRESS 1485 PINE ST.
CITY - ST - ZIP NICEVILLE FL 32578TITLE D ☐ DELETENAME BLACK, BETTY
STREET ADDRESS 1578 HICKORY ST.
CITY - ST - ZIP NICEVILLE FLTITLE D ☐ DELETENAME FIELDS HELEN
STREET ADDRESS 1538 HICKORY
CITY - ST - ZIP NICEVILLE FL 32578

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0074815

CR2E037 (9/96)