

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90313 009 ****61.25

DOCUMENT # 704468

1. Entity Name

SEMINOLE COMMUNITY CENTER



Principal Place of Business

**1470 CEDAR STREET
PO BOX 5294
NICEVILLE FL 32578**

Mailing Address

**1470 CEDAR STREET
PO BOX 5294
NICEVILLE FL 32578**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-2913494

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ADAMS, MARVIS
1401 HICKORY STREET
NICEVILLE FL 32578**

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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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 **D** ☒ Delete
NAME **JONES, SUSIE**
STREET ADDRESS **1451 HICKORY STREET**
CITY-ST-ZIP **NICEVILLE FL 32578**

TITLE **CD** ☐ Delete
NAME **MURPHY, CHARLES**
STREET ADDRESS **1457 LIVE OAK**
CITY-ST-ZIP **NICEVILLE FL 32578**

TITLE **TD** ☐ Delete
NAME **BAILEY, GEORGIA**
STREET ADDRESS **1440 CATMAR ROAD**
CITY-ST-ZIP **NICEVILLE FL 32578**

TITLE **VD** ☐ Delete
NAME **HINES, WILLIE**
STREET ADDRESS **1443 CYPRESS ST.**
CITY-ST-ZIP **NICEVILLE FL 32578**

TITLE **D** ☐ Delete
NAME **VADEN, BETTY JEAN**
STREET ADDRESS **1489 CATMAR ROAD**
CITY-ST-ZIP **NICEVILLE FL 32578**

TITLE **SD** ☐ Delete
NAME **MCCLAMMA, STEPHANIE**
STREET ADDRESS **1470 CYPRESS ST.**
CITY-ST-ZIP **NICEVILLE FL 32578**

TITLE **VD** ☐ Change ☒ Addition
NAME **Samuel Mirsky**
STREET ADDRESS **1468 Cypress St.**
CITY-ST-ZIP **Niceville FL 32578**

TITLE **D** ☒ Change ☐ Addition
NAME **Murphy, Charles**
STREET ADDRESS **1457 Live Oak St.**
CITY-ST-ZIP **Niceville FL 32578**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **CD** ☒ Change ☐ Addition
NAME **Hines, Willie**
STREET ADDRESS **1443 Cypress St.**
CITY-ST-ZIP **Niceville FL 32578**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Henric K. Bril...*

2020206 850-897-3961