

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 710571

FILED  
Sep 06, 2011  
Secretary of State

**Entity Name:** SEMINOLE COUNTY SCHOOL BUS DRIVERS ASSOCIATION, INC.

**Current Principal Place of Business:**

813 ORIENTA AVE.  
ALTAMONTE SPRINGS, FL 32701

**New Principal Place of Business:**

**Current Mailing Address:**

813 ORIENTA AVE.  
ALTAMONTE SPRINGS, FL 32701

**New Mailing Address:**

**FEI Number:** 71-0571690

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GENTILE, TONY E  
2032 COURTYARD LOOP  
#104  
SANFORD, FL 32771 US

**Name and Address of New Registered Agent:**

GENTILE, TONY E  
1624 RIVER BIRCH AVENUE  
OVIEDO, FL 32765 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:**

09/06/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** SAUNDERS, CHARLES  
**Address:** 901 RANGELINE ROAD  
**City-St-Zip:** LONGWOOD, FL 32750

**Title:** D  
**Name:** COPELAND, NEVILLE  
**Address:** 1121 BYERLY WAY  
**City-St-Zip:** ORLANDO, FL 32818

**Title:** ST  
**Name:** HOYT, PATTI  
**Address:** 1253 TAYLOR ST  
**City-St-Zip:** OVIEDO, FL 32765

**Title:** D  
**Name:** GRAYSON, PATRICIA  
**Address:** 5169 LOMA VISTA CIR. #113  
**City-St-Zip:** OVIEDO, FL 32765

**Title:** VP  
**Name:** HERNANDEZ, RICHARD  
**Address:** 1010 PACES CIRCLE APT 110  
**City-St-Zip:** APOPKA, FL 32703 72

**Title:** D  
**Name:** BRADY, ERIC  
**Address:** 4013 W MARYLAND PLACE  
**City-St-Zip:** CASSELBERRY, FL 32707

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:** TONY E GENTILE

BA

09/06/2011

Electronic Signature of Signing Officer or Director

Date