2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2004
Secretary of State

DOCUMENT# 717505

Entity Name: THE SEMINOLE ELEMENTARY PARENT-TEACHER ASSOCIATION, INC.

Current Principal Place of Business:

ASSOCIATION INC
10950 74TH AVENUE NORTH
SEMINOLE, FL 34642

New Principal Place of Business:

ASSOCIATION INC
10950 74TH AVENUE NORTH
SEMINOLE, FL 33772

Current Mailing Address:

ASSOCIATION INC
10950 74TH AVENUE NORTH
SEMINOLE, FL 34642

New Mailing Address:

ASSOCIATION INC
10950 74TH AVENUE NORTH
SEMINOLE, FL 33772

FEI Number: 59-2315573 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HUNDT, BILL
10950-74TH AVE. N.
SEMINOLE, FL 33772 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: CANGELOSI, BONNIE
Address: 10950 74TH AVE NO
City-St-Zip: SEMINOLE, FL 33772

Title: PD ( ) Delete
Name: HUNDT, BILL
Address: 10950 74TH AVENUE N.
City-St-Zip: SEMINOLE, FL 33772

Title: VT ( ) Delete
Name: LAWRIE, MARY FRANCES
Address: 19050 74TH AVENUE NORTH
City-St-Zip: SEMINOLE, FL 33772

Title: TT ( ) Delete
Name: LEWIS, TOM
Address: 10950 74TH AVE N
City-St-Zip: SEMINOLE, FL 33772

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VT (X) Change ( ) Addition
Name: JOHNS, JENNIFER
Address: 19050 74TH AVENUE NORTH
City-St-Zip: SEMINOLE, FL 33772

Title: TT (X) Change ( ) Addition
Name: BURKHART, DORIS
Address: 10950 74TH AVE N
City-St-Zip: SEMINOLE, FL 33772

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: BILL HUNDT PD 03/05/2004

Electronic Signature of Signing Officer or Director — Date