

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 717505

FILED  
Apr 28, 2005  
Secretary of State

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

**Current Principal Place of Business:**

ASSOCIATION INC  
10950 74TH AVENUE NORTH  
SEMINOLE, FL 33772

**New Principal Place of Business:**

**Current Mailing Address:**

ASSOCIATION INC  
10950 74TH AVENUE NORTH  
SEMINOLE, FL 33772

**New Mailing Address:**

**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: JOHNS, JENNIFER  
Address: 19050 74TH AVENUE NORTH  
City-St-Zip: SEMINOLE, FL 33772

Title: TT ( ) Delete  
Name: BURKHART, DORIS  
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: PD (X) Change ( ) Addition  
Name: COUNTS, JOHN  
Address: 10950 74TH AVENUE N.  
City-St-Zip: SEMINOLE, FL 33772

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

Title: TT (X) Change ( ) Addition  
Name: FARMER, BARBARA  
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

RA

04/28/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date