
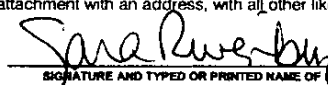


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 25, 2007 8:00 am**  
**Secretary of State**

01-25-2007 90034 033 \*\*\*\*70.00

<b>DOCUMENT # 717505</b>					
1. Entity Name THE SEMINOLE ELEMENTARY PARENT-TEACHER ASSOCIATION, INC.					
Principal Place of Business ASSOCIATION INC 10950 74TH AVENUE NORTH SEMINOLE, FL 33772			Mailing Address ASSOCIATION INC 10950 74TH AVENUE NORTH SEMINOLE, FL 33772		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2315573	
Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
Zip	Country	Zip	Country	01192007 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FARMER, BARB 10950-74TH AVE. N. SEMINOLE, FL 33772			Name Sara Rivenburgh		
			Street Address (P.O. Box Number is Not Acceptable) 10950 74th Avenue North		
			City Seminole FL Zip Code 33772		
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 		Sara Rivenburgh		01/22/2007	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CANGELOSI, BONNIE		NAME		
STREET ADDRESS	10950 74TH AVE NO		STREET ADDRESS		
CITY-ST-ZIP	SEMINOLE, FL 33772		CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	COUNTS, JOHN		NAME		
STREET ADDRESS	10950 74TH AVENUE N.		STREET ADDRESS		
CITY-ST-ZIP	SEMINOLE, FL 33772		CITY-ST-ZIP		
TITLE	VT	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARTHOLF, MARY		NAME	BARTHOLF, MARY	
STREET ADDRESS	19050 74TH AVENUE NORTH		STREET ADDRESS	10950 74TH AVENUE NORTH	
CITY-ST-ZIP	SEMINOLE, FL 33772		CITY-ST-ZIP	SEMINOLE, FL 33772	
TITLE	TT	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FARMER, BARBARA		NAME		
STREET ADDRESS	10950 74TH AVE N		STREET ADDRESS		
CITY-ST-ZIP	SEMINOLE, FL 33772		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	ID	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	RIVENBURGH, SARA	
STREET ADDRESS			STREET ADDRESS	10950 74TH AVENUE NORTH	
CITY-ST-ZIP			CITY-ST-ZIP	SEMINOLE, FL 33772	
TITLE		<input type="checkbox"/> Delete	TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	COOPER, JAMIE	
STREET ADDRESS			STREET ADDRESS	10950 74TH AVENUE NORTH	
CITY-ST-ZIP			CITY-ST-ZIP	SEMINOLE, FL 33772	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: 		Sara Rivenburgh		01/22/2007	
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR		Date		727-415-6916	
				Daytime Phone #	