


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 07, 2008 8:00 am**  
**Secretary of State**

02-07-2008 90027 028 \*\*\*\*70.00

**DOCUMENT # 717505**

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 #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 City & State

Zip  
 Country



01152008 Chg-NP CR2E037 (12/06)

**6. Name and Address of Current Registered Agent**

**FARMER, BARB**  
**10950-74TH AVE. N.**  
**SEMINOLE, FL 33772**

**7. Name and Address of New Registered Agent**

Name Mary Bartholf

Street Address (P.O. Box Number is Not Acceptable)  
10950 - 74th Ave N

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 Mary L Bartholf DATE 2-4-08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

**Filing Fee is \$61.25 Due by May 1, 2008**

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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COUNTS, JOHN 10950 74TH AVENUE N. SEMINOLE, FL 33772	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BARTHOLF, MARY 19050 74TH AVENUE NORTH SEMINOLE, FL 33772	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TT FARMER, BARBARA 10950 74TH AVE N SEMINOLE, FL 33772	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RIVENBURGH, SARA 10950 74TH AVENUE NORTH SEMINOLE, FL 33772	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD COOPER, JAMIE 10950 74TH AVENUE NORTH SEMINOLE, FL 33772	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Lloyd, Michelle 10950 74th Avenue North Seminole FL 33772	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: Mary L Bartholf DATE 2-4-08 DAYTIME PHONE # 727-542-3836

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR