

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 729256

FILED
Apr 30, 2012
Secretary of State

Entity Name: SEMINOLE BOOSTERS, INC.

Current Principal Place of Business:

UNIVERSITY CENTER SUITE C-5100
TALLAHASSEE, FL 32306

New Principal Place of Business:

Current Mailing Address:

UNIVERSITY CENTER SUITE C-5100
P.O. BOX 1353
TALLAHASSEE, FL 323028058

New Mailing Address:

FEI Number: 59-1561180

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MILLER, ROBERT A
UNIVERSITY CENTER SUITE C-5100
TALLAHASSEE, FL 32306 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: C
Name: SWAIN, BRIAN
Address: P.O. BOX 1353
City-St-Zip: TALLAHASSEE, FL 32302

Title: T
Name: HARRELL, MIKE
Address: P.O. BOX 1353
City-St-Zip: TALLAHASSEE, FL 32302

Title: CE
Name: HARRELL, BRUCE
Address: P.O. BOX 1353
City-St-Zip: TALLAHASSEE, FL 32302

Title: PD
Name: MILLER, ROBERT A
Address: P O BOX 1353
City-St-Zip: TALLAHASSE, FL 32302

Title: CFO
Name: BEHNKE, MATTHEW
Address: P.O. BOX 1353
City-St-Zip: TALLAHASSEE, FL 32302

Title: IPC
Name: BROWN, STEVEN
Address: POST OFFICE BOX 1353
City-St-Zip: TALLAHASSEE, FL 32302

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: ROBERT A MILLER

MR

04/30/2012

Electronic Signature of Signing Officer or Director

Date