

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 732423 (9)**  
1. Corporation Name  
**SEMINOLE COMMUNITY VOLUNTEER PROGRAM, INC.**



Principal Place of Business Mailing Address  
**P O BOX 180214 CASSELBERRY FL 32718-0214**

3. Date Incorporated or Qualified **04/11/1975** 3a. Date of Last Report **01/27/1995**

2. Principal Place of Business 21 <b>100 Weldon Boulevard P-64</b> Suite, Apt. #, etc. 22 City & State 23 <b>Sanford, FL 32773</b> Zip 24	2a. Mailing Address 26 <b>P.O. Box 951636</b> Suite, Apt. #, etc. 27 City & State 28 <b>Lake Mary, FL 32795-1636</b> Zip 29	4. FEI Number <b>59-1605609</b> Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
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## 9. Name and Address of Current Registered Agent

**KUHN RAKER & SELAND  
919 W. HIGHWAY 436, SUITE 300  
ALTAMONTE SPRINGS FL 32714**

## 10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

## SIGNATURE

Signature, typed or printed name of registered agent, and date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

## 12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>KOZLOWSKI, CARL</b>	
STREET ADDRESS	<b>612 WALNUT GROVE</b>	
CITY - ST - ZIP	<b>OVIEDO FL</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> DELETE
NAME	<b>SIMCOE, BETTY</b>	
STREET ADDRESS	<b>120 WOOD RIDGE TRAIL</b>	
CITY - ST - ZIP	<b>SANFORD FL</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> DELETE
NAME	<b>LORMANN, JUNE</b>	
STREET ADDRESS	<b>402 WILDMERE AVENUE</b>	
CITY - ST - ZIP	<b>LONGWOOD FL</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> DELETE
NAME	<b>WILLIAMS, TED</b>	
STREET ADDRESS	<b>4700 PAOLA ROAD</b>	
CITY - ST - ZIP	<b>SANFORD FL 32771</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MARROLETTI, BILL</b>	
STREET ADDRESS	<b>108 AUTUMN DRIVE</b>	
CITY - ST - ZIP	<b>LONGWOOD FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MCCARTHY, BOB</b>	
STREET ADDRESS	<b>1012 FOX DEN CT.</b>	
CITY - ST - ZIP	<b>WINTER SPRINGS FL</b>	

## 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>D</b>
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>V</b>
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

## SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Carl Kozlowski President**

March 12, 1996 (407) 323-4440

Date

Daytime Phone #

CR2E037 (12/95)