SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

FILED
Oct 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

COMPLETED OCT 1 2 1998

Amendment

DOCUMENT # **732423 (9)**

1. Corporation Name
SEMINOLE COMMUNITY VOLUNTEER PROGRAM, INC.

Principal Place of Business	Mailing Address
100 WELDON BLVD. P-64 SANFORD FL 32773 US	PO BOX 951636 LAKE MARY FL 32795-1636 US

3. Date Incorporated or Qualified: **04/11/1975**

4. FEI Number: **59-1605609** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
City & State 23	28 City & State
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

GREENE, DYCAS & CO. P.
205 NORTH ELM AVE.
SANFORD, FL. 32771

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD METTS, JEAN 2970 ORLANDO DR. SANFORD, FL 32773	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	D TED MILLER 1115 BERWYN ROAD ORLANDO, FL 32806 — ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S GAIL EDWARDS 468 LAKE BRIDGE LN #1722 APOPKA, FL 32703	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	T LARRY MUSE 425 Williamson Blvd. DAYTONA BEACH, FL 32120-2851 — ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GAINES, FRED 333 E. STATE RD., 434 LONGWOOD, FL	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	T GAIL EDWARDS 468 LAKE BRIDGE LANE #1722 APOPKA, FL 32703 — ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P HAILE, JULIE 737 CROSSBOW LANE SANFORD, FL	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	T TED WILLIAMS 4700 PAOLA ROAD SANFORD FL 32771 — ☐ Change ☒ Addition 10/16
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T STEFAN INGANNAMORTE 478 N PINE OAK LONGWOOD, FL 32779	☒ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	D Gloria A. Black 322 Roslyn Ave. New Smyrna Beach, Fl. 32168 — ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T TED MILLER 1115 BERWYN RD ORLANDO, FL 32806	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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CR2E037 (5/98)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ **GLORIA BLACK 08/18/1998 (407) 323-4440**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number