

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90296 034 ****61.25

DOCUMENT # 732423

1. Entity Name

SEMINOLE COMMUNITY VOLUNTEER PROGRAM, INC.



Principal Place of Business

100 WELDON BLVD., BLDG. 64
SANFORD FL 32773
US

Mailing Address

P O BOX 951636
LAKE MARY FL 32795-1636
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-1605609

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reconstituting)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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 **DS** ☐ Delete
NAME **KING, WILLIE K SR**
STREET ADDRESS **141 BETHUNE CIRCLE**
CITY-ST-ZIP **SANFORD FL 32771**
Bob Thomas Circle

TITLE **D** ☒ Delete
NAME **RUSSELL, PATRICIA**
STREET ADDRESS **231 LAKE GRIFFIN CIRCLE**
CITY-ST-ZIP **CASSELBERRY FL 32707**

TITLE **PD** ☐ Delete
NAME **EVANS, ANNIE**
STREET ADDRESS **1000 ROBERTA AVENUE**
CITY-ST-ZIP **ORLANDO FL 32825**

TITLE **D** ☐ Delete
NAME **MILLER, TED**
STREET ADDRESS **115 BERWYN ROAD**
CITY-ST-ZIP **ORLANDO FL 32806**

TITLE **D** ☐ Delete
NAME **MCCARTHY, BOB**
STREET ADDRESS **1082 BLACK ACRE TERR**
CITY-ST-ZIP **WINTER SPRINGS FL 32708**

TITLE **VD** ☐ Delete
NAME **HUGHES, BARBARA**
STREET ADDRESS **250 W COUNTY HOME RD.**
CITY-ST-ZIP **SANFORD FL 32773**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **TD** ☐ Change ☒ Addition
NAME **Sylvester Johnson**
STREET ADDRESS **657 Stonerfield Loop**
CITY-ST-ZIP **Heathrow, FL 32746**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Patricia Shields *Patricia Shields* 4/21/06 3234441 407