

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 04, 2007 8:00 am
Secretary of State

04-04-2007 90186 032 *****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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

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 reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
DS
KING, WILLIE K SR
141 BOB THOMAS CIRCLE
SANFORD FL 32771 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
TD
JOHNSON, SYLVESTER
657 STONEFIELD LOOP
HEATHROW FL 32746 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
VD ☒ Change ☐ Addition

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

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

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

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
☐ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
☐ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
PD ☒ Change ☐ Addition

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*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/07 *4073234440x3*
Date Daytime Phone #