

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 05, 2008 8:00 am**  
**Secretary of State**

05-05-2008 90239 027 \*\*\*\*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

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, 2008**

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

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

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

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 5/14/08 323 4440