

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 732423

FILED
Apr 03, 2009
Secretary of State

Entity Name: SEMINOLE COMMUNITY VOLUNTEER PROGRAM, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

P O BOX 951636
LAKE MARY, FL 327951636 US

New Mailing Address:

FEI Number: 59-1605609

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DS () Delete
Name: KING, WILLIE K SR
Address: 141 BOB THOMAS CIRCLE
City-St-Zip: SANFORD, FL 32771

Title: VD () Delete
Name: JOHNSON, SYLVESTER
Address: 657 STONEFIELD LOOP
City-St-Zip: HEATHROW, FL 32746

Title: D () Delete
Name: MILLER, TED
Address: 115 BERWYN ROAD
City-St-Zip: ORLANDO, FL 32806

Title: PD () Delete
Name: HUGHES, BARBARA
Address: 250 W COUNTY HOME RD.
City-St-Zip: SANFORD, FL 32773

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VDT (X) Change () Addition
Name: JOHNSON, SYLVESTER
Address: 657 STONEFIELD LOOP
City-St-Zip: HEATHROW, FL 32746

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: DIXON, DEWE
Address: 903 RIVERBEND BLVD.
City-St-Zip: LONGWOOD, FL 32779

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA SHIELDS

D

04/03/2009

Electronic Signature of Signing Officer or Director

Date