

**2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Aug 05, 2011**  
**Secretary of State**

DOCUMENT# 732423

**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  
Name: KING, WILLIE K SR  
Address: 141 BOB THOMAS CIRCLE  
City-St-Zip: SANFORD, FL 32771

Title: PD  
Name: JOHNSON, SYLVESTER  
Address: 657 STONEFIELD LOOP  
City-St-Zip: HEATHROW, FL 32746

Title: TD  
Name: MILLER, TED  
Address: 115 BERWYN ROAD  
City-St-Zip: ORLANDO, FL 32806

Title: VD  
Name: DIXON, DEWEY  
Address: 903 RIVERBEND BLVD.  
City-St-Zip: LONGWOOD, FL 32779 UN

I hereby 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 all other like empowered.

SIGNATURE: PATRICIA SHIELDS

ED

08/05/2011

Electronic Signature of Signing Officer or Director

Date