

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 732536

FILED
Jan 10, 2012
Secretary of State

Entity Name: ASSOCIATION OF NON-INSTRUCTIONAL PERSONNEL OF SEMINOLE COUNTY BOARD OF PUBLIC INSTRUCTION, INC.

Current Principal Place of Business:

813 ORIENTA AVE.
ALTAMONTE SPRINGS, FL 32701

New Principal Place of Business:

Current Mailing Address:

813 ORIENTA AVE.
ALTAMONTE SPRINGS, FL 32701

New Mailing Address:

FEI Number: 59-1979329 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

GENTILE, TONY E
1624 RIVER BIRCH AVENUE
OVIEDO, FL 32765 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: VP
Name: MORAN, JOANN
Address: P.O. BOX 314
City-St-Zip: SANFORD, FL 32772

Title: D
Name: CRISPIN, CARLOS
Address: 692 SABAL PALM CIRCLE APT G
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: SEC
Name: THOMAS, SHEILA
Address: 1826 COOLIDGE AVE.
City-St-Zip: SANFORD, FL 32771

Title: D
Name: LAW, BRUCE
Address: 294 ACORN DR.
City-St-Zip: LONGWOOD, FL 32750

Title: D
Name: LEE, JAMES
Address: 1400 FOREST DR.
City-St-Zip: SANFORD, FL 32771

Title: P
Name: WASHINGTON, BRUCE
Address: P. O. BOX 713
City-St-Zip: SANFORD, FL 32772

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: TONY E GENTILE

RA

01/10/2012

Electronic Signature of Signing Officer or Director

Date