

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 03, 2005  
Secretary of State**

DOCUMENT# 733448

Entity Name: SEMINOLE EDUCATIONAL CLERICAL ASSOCIATION, INC.

**Current Principal Place of Business:**

404 WEST 25TH STREET  
SANFORD, FL 337137812

**New Principal Place of Business:**

**Current Mailing Address:**

404 WEST 25TH STREET  
SANFORD, FL 337137812

**New Mailing Address:**

FEI Number: 59-3093131      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SANCHEZ, PAUL A  
1441 NORTH ATLANTIC AVENUE  
#116  
DAYTONA BEACH, FL 32118 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: P ( ) Delete  
Name: BLAKE, JIMMIE  
Address: 703 E. 29TH ST  
City-St-Zip: SANFORD, FL 32773

Title: V ( ) Delete  
Name: RONDA, EDWIN  
Address: 422 WINDCHASE BLVD  
City-St-Zip: SANFORD, FL 32773

Title: V ( ) Delete  
Name: WEBSTER, DOROTHY  
Address: 120 HUGHES AVE.  
City-St-Zip: SANFORD, FL 32771

Title: ST ( ) Delete  
Name: TOSSIE, ALICE  
Address: 114 W WOODLAND DR  
City-St-Zip: SANFORD, FL 32773

Title: D ( ) Delete  
Name: BAILEY, BETTY  
Address: P.O. BOX 151574  
City-St-Zip: ALTAMONTE SPRINGS, FL 32715

Title: D ( ) Delete  
Name: BEASLEY, GLORIA  
Address: 139 SCOTT DR.  
City-St-Zip: SANFORD, FL 32771

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JIMMIE BLAKE

P

01/03/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date