

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 733448

FILED
Jan 14, 2009
Secretary of State

Entity Name: SEMINOLE EDUCATIONAL CLERICAL ASSOCIATION, 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: 59-3093131 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SANCHEZ, PAUL A
1961 DOWNS CT
LAKE MARY, FL 32746 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: JONES, DENISE
Address: 105 W. 21ST ST.
City-St-Zip: SANFORD, FL 32771

Title: V () Delete
Name: BAILEY, BETTY
Address: 683 CANADICE ST.
City-St-Zip: WINTER SPRINGS, FL 32708

Title: D () Delete
Name: LOREY, KAREN
Address: 1474 CONNORS LANE
City-St-Zip: WINTER SPRINGS, FL 32708

Title: ST () Delete
Name: MIRANDA-MORALES, EVA
Address: 1563 CANTERBURY CIR.
City-St-Zip: CASSELBERRY, FL 32707

Title: D () Delete
Name: DAVIS, MICHELLE
Address: 201 S. MANGOUSTINE AVE.
City-St-Zip: SANFORD, FL 32771

Title: D () Delete
Name: WEBSTER, DOROTHY
Address: 102 HUGHES AVE.
City-St-Zip: SANFORD, FL 32773

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BAILEY, BETTY
Address: 683 CANADICE ST.
City-St-Zip: WINTER SPRINGS, FL 32708

Title: V (X) Change () Addition
Name: MAHON, TERI
Address: 1015 ANTELOPE TRAIL
City-St-Zip: WINTER SPRINGS, FL 32708

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: D (X) Change () Addition
Name: BLAKE, DOROTHY
Address: 703 E. 29TH ST
City-St-Zip: SANFORD, FL 32773

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: TERI MAHON

VP

01/14/2009

Electronic Signature of Signing Officer or Director

Date