

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 733448

FILED
Jan 10, 2012
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:

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: P
Name: GUERRIDO, MARIA R
Address: 582 BLACKSTONE AVENUE
City-St-Zip: DELTONA, FL 32725

Title: V
Name: MIRANDA-MORALES, EVA
Address: 1563 CANTERBURY CIRCLE
City-St-Zip: CASSELBERRY, FL 32707

Title: ST
Name: DAVIS, MICHELLE
Address: 201 S. MANGOUSTINE AVENUE
City-St-Zip: SANFORD, FL 32771

Title: D
Name: BLAKE, DOROTHY
Address: 703 E. 29TH STREET
City-St-Zip: SANFORD, FL 32771

Title: D
Name: HINDS-CLARK, MICHELLE
Address: 2507 HIGH LAWN AVENUE
City-St-Zip: SANFORD, FL 32773

Title: D
Name: CARTON, BOBBI
Address: 560 HIBISCUS ROAD
City-St-Zip: CASSELBERRY, FL 32707

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