


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2004 08:00 AM
Secretary of State

DOCUMENT # 734336 1. Entity Name SOUTHEAST SEMINOLE CIVIC ASSOCIATION, INC.	
--	---

Principal Place of Business PO BOX 660627 CHULUOTA, FL 32766-0627 US	Mailing Address PO BOX 660627 CHULUOTA, FL 32766-0627 US
--	--

DO NOT WRITE IN THIS SPACE

% 3 / 0 / / 2 6 6 6 6 6 6 D &

03102004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2876523	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

CORTES, JEAN A
270 CLEARVIEW ROAD
CHULUOTA, FL 32766

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000089924 03/16/04-80008-015 61.25
---	---	---

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD PELFREY, MICHAEL 809 SNOW QUEEN DR. CHULUOTA, FL 32766
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD CORTES, JEAN 270 CLEARVIEW RD CHULUOTA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D VALIN JAMES PO BOX 660337 N/A CHULUOTA, FL 32766
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD TENEBEDES, BECKY 327 KIWANIS CIR CHULUOTA, FL 32766
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEAN A CORTES 3/12/04 407-365-7372
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #