2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

May 03, 2004 8:00 am Secretary of State **DOCUMENT # 752977** 1. Entity Name 05-03-2004 91218 010 ****61.25 THE SEMINOLE COUNTY FEDERATION OF WOMEN'S Principal Place of Business Mailing Address 511 W. PLANTATION BLVD. 511 W. PLANTATION BLVD. LAKE MARY FL 32746 LAKE MARY FL 32746 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (11/03) City & State City & State Applied For 4. FEI Number NO-T APPLICABLE Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GRIFFITH, HELEN Street Address (P.O. Box Number is Not Acceptable) 511 W. PLANTATION BLVD. LAKE MARY FL 32746 Zip Code 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) 9. Election Campaign Financing Make Check Payable to FILE NOW: FEE IS \$61.25 \$5.00 May Be Trust Fund Contribution. Due By May 1, 2004 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS TITLE ☐ Delete TITLE Addition GRIFFITH, HELEN NAME 511 W. PLANTATION BLVD. STREET ADDRESS STREET ADDRESS LAKE MARY FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition WATKINS, BARBARA NAME NAME 647 LAKE JESSUP AVENUE STREET ADDRESS STREET ADDRESS OVIEDO FL 32765 CITY-ST-ZIP CITY-ST-ZIP RS TITLE TITLE ☐ Change ☐ Addition -Ex Delete OSGOOD, ANABEL NAME NAME 464 WINDMEADOWS STREET ADDRESS STREET ADDRESS ALTAMONTE SPGS. FL CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition FOLEY, JANEY NAME NAME 268 MAPLE COURT STREET ADDRESS STREET ADDRESS OVIEDO FL 32765 CITY-ST-ZIP CITY-ST-7IP ist Pres Babbitt ☐ Addition Delete TITLE ☐ Change TITLE

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.

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

PO. Box 621144 Oviedo, F132762

R.S. Stacy Carden Delete
1745 Old River Trail, Choloota, Fl.

NAME

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

CITY-ST-ZIP

SIGNATURE: Delin Suffeth Holen Griffith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Change

☐ Addition

FILED