



# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 15, 2005 8:00 am**  
**Secretary of State**

04-15-2005 90084 002 \*\*\*\*61.25

|   |                         |  |   |  |  |
|---|-------------------------|--|---|--|--|
| <b>DOCUMENT # 752977</b><br>1. Entity Name<br><b>THE SEMINOLE COUNTY FEDERATION OF WOMEN'S CLUBS, INC.</b>  |                         |  |   |   |  |
| Principal Place of Business<br><b>511 W. PLANTATION BLVD.<br/>LAKE MARY, FL 32746 US</b>  |                         |  |   | Mailing Address<br><b>511 W. PLANTATION BLVD.<br/>LAKE MARY, FL 32746 US</b>       |  |
| 2. Principal Place of Business<br><b>711 E. 1st ST<br/>Suite, Apt. #, etc.<br/>APT 12 E<br/>City &amp; State<br/>SANFORD FL<br/>Zip<br/>32771 Country<br/>SEMINOLE</b>  |                         | 3. Mailing Address<br><b>711 E. 1st ST<br/>Suite, Apt. #, etc.<br/>APT 12 E<br/>City &amp; State<br/>SANFORD FL<br/>Zip<br/>32771 Country<br/>SEMINOLE</b> |   |  |  |
| 4. FEI Number<br><b>NOT APPLICABLE</b>  |                         |  |   | Applied For<br><input type="checkbox"/> Not Applicable                             |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |                         |  |   | <b>\$8.75 Additional Fee Required</b>  |  |
| 6. Name and Address of Current Registered Agent<br><b>GRIFITH, HELEN<br/>511 W. PLANTATION BLVD.<br/>LAKE MARY, FL 32746</b>  |                         |  | 7. Name and Address of New Registered Agent<br>Name <b>BUCK, VIVIAN</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>711 E. 1st ST<br/>APT 12 E<br/>City<br/>SANFORD FL Zip Code<br/>32771</b> |  |  |
| 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 <i>Elizabeth M. Akers</i> <b>President</b> <span style="float: right;">12 April 2005</span><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>   |                         |  |   |  |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2005</b>   |                         | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/>  |   | <b>\$5.00 May Be Added to Fees</b>   |  |
| <b>Make check payable to Florida Department of State</b>  |                         |  |   |  |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |                         |  |   |  |  |
| TITLE   | T<br>GRIFITH, HELEN     | <input checked="" type="checkbox"/> Delete   | TITLE   | PD<br>AKERS, ELIZABETH M.  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS  | 511 W. PLANTATION BLVD. |  | STREET ADDRESS  | 815 ELM AV   |  |
| CITY-ST-ZIP   | LAKE MARY, FL           |  | CITY-ST-ZIP   | SANFORD, FL 32771-2590   |  |
| TITLE   | D<br>WATKINS, BARBARA   | <input checked="" type="checkbox"/> Delete   | TITLE   | V<br>BABBITT, OLIVE  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS  | 647 LAKE JESSUP AVENUE  |  | STREET ADDRESS  | PO BOX 621144  |  |
| CITY-ST-ZIP   | OVIEDO, FL 32765        |  | CITY-ST-ZIP   | OVIEDO, FL 32762   |  |
| TITLE   | RS<br>CARDON, STACY     | <input checked="" type="checkbox"/> Delete   | TITLE   | S<br>McSWAIN, LAVERNE  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS  | 1745 OLD RIVER TRAIL    |  | STREET ADDRESS  | 300 SOUTHCOT DR  |  |
| CITY-ST-ZIP   | OVIEDO, FL 32766        |  | CITY-ST-ZIP   | CASSELBERRY, FL 32707  |  |
| TITLE   | D<br>FOLEY, JANEY       | <input checked="" type="checkbox"/> Delete   | TITLE   | T<br>BUCK, VIVIAN  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS  | 268 MAPLE COURT         |  | STREET ADDRESS  | 711 E. 1st ST - APT 12 E   |  |
| CITY-ST-ZIP   | OVIEDO, FL 32765        |  | CITY-ST-ZIP   | SANFORD, FL 32771  |  |
| TITLE   | AP<br>BABBITT, OLIVE    | <input checked="" type="checkbox"/> Delete   | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| STREET ADDRESS  | PO BOX 621144           |  | STREET ADDRESS  |  |  |
| CITY-ST-ZIP   | CLEARWATER, FL 33762    |  | CITY-ST-ZIP   |  |  |
| TITLE   |                         | <input type="checkbox"/> Delete  | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| STREET ADDRESS  |                         |  | STREET ADDRESS  |  |  |
| CITY-ST-ZIP   |                         |  | CITY-ST-ZIP   |  |  |
| 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. |                         |  |   |  |  |
| <b>SIGNATURE: <i>Elizabeth M. Akers</i> - President</b> <span style="float: right;">12 April 2005 407-321-5172</span><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>   |                         |  |   |  |  |