2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 08:00 AM
Secretary of State

DOCUMENT # 752977

1. Entity Name
THE SEMINOLE COUNTY FEDERATION OF WOMEN'S CLUBS,INC.

Principal Place of Business	Mailing Address
711 E. 1ST STREET APT. 12 E SANFORD, FL 32771 US	711 E. 1ST STREET APT. 12 E SANFORD, FL 32771 US

DO NOT WRITE IN THIS SPACE

02242006 No Chg-NP CR2E037 (11/05)

4. FEI Number
NOT APPLICABLE

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BUCK, VIVIAN
711 E. 1STSTREET
SANFORD, FL 32771

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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 ____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000000447953
03/08/06-80077-019 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	AKERS, ELIZABETH M.
STREET ADDRESS	815 ELM AVE
CITY ST ZIP	SANFORD, FL 32771
TITLE	V
NAME	BABBITT, OLIVE
STREET ADDRESS	P.O. BOX 621144
CITY ST ZIP	OVIEDO, FL 32762
TITLE	S
NAME	MCSWAIN, LAVERNE
STREET ADDRESS	300 SOUTHCOT DRIVE
CITY ST ZIP	CASSELBERRY, FL 32707
TITLE	T
NAME	BUCK, VIVIAN
STREET ADDRESS	711 E. IST STREET- APT. 12 E
CITY ST ZIP	SANFORD. FL 32771
TITLE	AP
NAME	BABBITT, OLIVE
STREET ADDRESS	PO BOX 621144
CITY ST ZIP	CLEARWATER, FL 33762
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: VIVIAN BUCK / Vivian Buck 2/24/2006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #