


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2007 08:00 AM
Secretary of State

DOCUMENT # 752977		
1. Entity Name THE SEMINOLE COUNTY FEDERATION OF WOMEN'S CLUBS, INC.		
Principal Place of Business 711 E. 1ST STREET APT. 12 E SANFORD, FL 32771 US	Mailing Address 711 E. 1ST STREET APT. 12 E SANFORD, FL 32771 US	



03012007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

6. Name and Address of Current Registered Agent BUCK, VIVIAN 711 E. 1ST STREET SANFORD, FL 32771	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when remitting) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

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

11000000656154
03/14/07-80015-005 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD AKERS, ELIZABETH M. 815 ELM AVE SANFORD, FL 32771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BABBITT, OLIVE P.O. BOX 621144 OVIEDO, FL 32762
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCSWAIN, LAVERNE 300 SOUTHCOT DRIVE CASSELBERRY, FL 32707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BUCK, VIVIAN 711 E. 1ST STREET- APT. 12 E SANFORD, FL 32771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AP BABBITT, OLIVE PO BOX 621144 CLEARWATER, FL 33762
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 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 L Buck* **VIVIAN L BUCK** 3/1/2007 407-224-4899
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #