2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2007
Secretary of State

DOCUMENT# N00000003341

Entity Name: SEMINOLE COUNTY BAIL BOND ASSOCIATION, INC.

Current Principal Place of Business:

1610 TROPIC PARK DRIVE
SANFORD, FL 32773

New Principal Place of Business:

Current Mailing Address:

1610 TROPIC PARK DRIVE
SANFORD, FL 32773

New Mailing Address:

FEI Number: 59-3640055 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SMITH, MICHAEL
1610 TROPIC PARK DRIVE
SANFORD, FL 32773 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: SMITH, MICHAEL
Address: 1610 TROPIC PARK DRIVE
City-St-Zip: SANFORD, FL 32773

Title: VTD ( ) Delete
Name: DIAZ, EMILY
Address: 2621 S. ORLANDO DR., #9
City-St-Zip: SANFORD, FL 32773

Title: SD ( ) Delete
Name: MAY, LUVENIA
Address: 2621 S. ORLANDO DR., #8
City-St-Zip: SANFORD, FL 32773

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: SMITH, MICHAEL
Address: 1610 TROPIC PARK DRIVE
City-St-Zip: SANFORD, FL 32773

Title: VP (X) Change ( ) Addition
Name: CURTISS, EMILY A
Address: 4195 S. ORLANDO DR. SUITE B
City-St-Zip: SANFORD, FL 32773

Title: SEC (X) Change ( ) Addition
Name: TROMBINO, CARMENA M
Address: 2201 S. FRENCH AVE. #4
City-St-Zip: SANFORD, FL 32773

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL SMITH P 01/08/2007

Electronic Signature of Signing Officer or Director — Date