

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001192

Entity Name: SEMINOLE SPOKES, INC.

FILED
Feb 06, 2009
Secretary of State

Current Principal Place of Business:

PO BOX 915493
LONGWOOD, FL 327915493

New Principal Place of Business:

920 WEKIVA SPRINGS RD
LONGWOOD, FL 32779

Current Mailing Address:

PO BOX 915493
LONGWOOD, FL 327915493

New Mailing Address:

FEI Number: 59-1689369

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMPSON, JUDITH H
210 PINE CONE LANE
LONGWOOD, FL 32779 US

Name and Address of New Registered Agent:

MCGINLEY, KATHLEEN P
2750 ORCHARD DR
APOPKA, FL 32712 US

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: KATHLEEN P MCGINLEY

02/06/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SANDERS, PEGGY
Address: 2361 WALNUT HEIGHTS RD
City-St-Zip: APOPKA, FL 32703

Title: T () Delete
Name: THOMPSON, JUDITH
Address: 210 PINE CONE LANE
City-St-Zip: LONGWOOD, FL 32779

Title: 2VP () Delete
Name: WAMPOLE, MARGENE
Address: 1343 S. RIDGE LAKE CIRCLE
City-St-Zip: LONGWOOD, FL 32750

Title: S () Delete
Name: KNOPKA, PAT
Address: 468 QUAIL HILL DRIVE
City-St-Zip: DEBARY, FL 32713

Title: 1VP () Delete
Name: PIERCE, ALDA
Address: 1259 SNUG HARBOR DRIVE
City-St-Zip: CASSELBERRY, FL 32707

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SANDERS, PEGGY
Address: 2361 WALNUT HEIGHTS RD
City-St-Zip: APOPKA, FL 327034854

Title: T (X) Change () Addition
Name: MCGINLEY, KATHLEEN P
Address: 2750 ORCHARD DR
City-St-Zip: APOPKA, FL 327124501

Title: 2VP (X) Change () Addition
Name: ROBINSON, CAROLYN
Address: 301 S SPAULDING COVE
City-St-Zip: HEATHROW, FL 327464324

Title: S (X) Change () Addition
Name: CZAIKOWSKI, JANICE
Address: 1633 PINE BAY DR
City-St-Zip: LAKE MARY, FL 327466266

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: KATHLEEN P MCGINLEY

T

02/06/2009

Electronic Signature of Signing Officer or Director

Date