

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001192

FILED
Jan 17, 2010
Secretary of State

Entity Name: SEMINOLE SPOKES, INC.

Current Principal Place of Business:

920 WEKIVA SPRINGS RD
LONGWOOD, FL 32779

New Principal Place of Business:

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:

MCGINLEY, KATHLEEN P
2750 ORCHARD DR
APOPKA, FL 32712 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: P
Name: WINTERHOFF, DIANE
Address: 391 GLEN ABBEY LANE
City-St-Zip: DEBARY, FL 327132327

Title: T
Name: MCGINLEY, KATHLEEN P
Address: 2750 ORCHARD DR
City-St-Zip: APOPKA, FL 327124501

Title: 1VP
Name: STOUFFER, CHRIS
Address: 1379 TADSWORTH TERRACE
City-St-Zip: HEATHROW, FL 327465333

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

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

Title: 2VP
Name: PULEO, JOANNE
Address: 529 S LONGVIEW PL
City-St-Zip: LONGWOOD, FL 327796020

I hereby 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 all other like empowered.

SIGNATURE: KATHLEEN MCGINLEY

T

01/17/2010

Electronic Signature of Signing Officer or Director

Date