

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001192

FILED
Jan 10, 2012
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:

DURHAM, PENELOPE D
1541 OAK TREE CT
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: HOLTZ, ANGELA
Address: 2531 WALNUT HEIGHTS RD
City-St-Zip: APOPKA, FL 32703

Title: T
Name: DURHAM, PENELOPE D
Address: 1541 OAK TREE CT
City-St-Zip: APOPKA, FL 32712

Title: 1VP
Name: PETTICREW, DOROTHY
Address: 2317 SWEETWATER COUNTRY CLUB PLACE
City-St-Zip: APOPKA, FL 32712

Title: S
Name: MCLAREN, KIMBER
Address: 5412 SATIN LEAF CT
City-St-Zip: SANFORD, FL 32771

Title: 1VP
Name: PAYNE, KAY
Address: 177 CITRUS TREE LANE
City-St-Zip: LONGWOOD, FL 32750

Title: 2VP
Name: TOMBROS, JANET
Address: 1301 MAJESTIC OAK DRIVE
City-St-Zip: APOPKA, FL 32712

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: PENELOPE D DURHAM

TREA

01/10/2012

Electronic Signature of Signing Officer or Director

Date