

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008952

FILED
Jan 09, 2008
Secretary of State

Entity Name: SEMINOLE ASSOCIATION OF SCHOOL ADMINISTRATORS, INC.

Current Principal Place of Business:

570 HARDWOOD PLACE
LAKE MARY, FL 32746

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 952824
LAKE MARY, FL 327952824

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

WELLS, RICHARD C
570 HARDWOOD PLACE
LAKE MARY, FL 32746 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: D () Delete
Name: PHILLIPS, SAMELIA MS.
Address: 3053 EGRET'S LANDING DR.
City-St-Zip: LAKE MARY, FL 32746

Title: D () Delete
Name: CARVER, RICKY MR.
Address: 14825 AFFIRMED CT.
City-St-Zip: ORLANDO, FL 32826

Title: D () Delete
Name: WEAVER, DONNA MS.
Address: 1010 QUAKER RIDGE CT.
City-St-Zip: OVIEDO, FL 32765

Title: O () Delete
Name: CURRAN, ROBERT A MR.
Address: P.O. BOX 4281
City-St-Zip: WINTER PARK, FL 32793

Title: O () Delete
Name: MCCASKILL, BARBARA A MS.
Address: P.O. BOX 145
City-St-Zip: OSTEEN, FL 32764

Title: D () Delete
Name: GOODSON, HELEN E MS.
Address: 102 HOLIDAY LANE
City-St-Zip: WINTER SPRINGS, FL 32708

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: CARVER, RICKY MR.
Address: 3784 SHAWN CIRCLE
City-St-Zip: ORLANDO, FL 32826

Title: O (X) Change () Addition
Name: NOLEN, KAREN MS.
Address: 265 SECRET WAY
City-St-Zip: CASSELBERRY, FL 32707

Title: O (X) Change () Addition
Name: CAMILLERI, DEBRAH MS.
Address: 1038 HENSON CT.
City-St-Zip: OVIEDO, FL 32765

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

Title: O (X) Change () Addition
Name: GUNDERSON, MAGGIE E MS.
Address: 216 CEDARWOOD CT.
City-St-Zip: DEBARY, FL 32713

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: KAREN NOLEN

PRES

01/09/2008

Electronic Signature of Signing Officer or Director

Date