

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008952

FILED
Feb 12, 2010
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: 27-1725156

FEI Number Applied For ()

FEI Number Not Applicable ()

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: O
Name: URICHKO, BRIAN MR
Address: 423 PARK LAKE DRIVE
City-St-Zip: WINTER SPRINGS, FL 32708

Title: O
Name: CARVER, RICKY MR.
Address: 3784 SHAWN CIRCLE
City-St-Zip: ORLANDO, FL 32826

Title: D
Name: HAYES, DEMETRIA MS.
Address: 132 ADONCIA WAY
City-St-Zip: SANFORD, FL 32771

Title: O
Name: GOOCH, HEIDE MS
Address: 3859 AIDEN PL
City-St-Zip: APOPKA, FL 32703

Title: O
Name: AGRAMONTEMARTIN, MERCEDES MS.
Address: 1459 CREEKSIDE CIRCLE
City-St-Zip: WINTER SPRINGS, FL 32708

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

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: BRIAN URICHKO

PRES

02/12/2010

Electronic Signature of Signing Officer or Director

Date