

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007251

FILED
Apr 14, 2009
Secretary of State

Entity Name: THE FINANCIAL SEMINARY, INC.

Current Principal Place of Business:

7683 ALISTER MACKENZIE
SARASOTA, FL 34240

New Principal Place of Business:

Current Mailing Address:

7683 ALISTER MACKENZIE
SARASOTA, FL 34240

New Mailing Address:

FEI Number: 04-3802452

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOORE, GARY
7683 ALISTER MACKENZIE DRIVE
SARASOTA, FL 34240 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: TD () Delete
Name: LAUTNER, JANE E
Address: 4536 GLEBE FARM ROAD
City-St-Zip: SARASOTA, FL 34235

Title: P () Delete
Name: MOORE, GARY
Address: 7683 ALISTER MACKENZIE
City-St-Zip: SARASOTA, FL 34240

Title: SD () Delete
Name: MOORE, SHERRY
Address: 7683 ALISTER MACKENZIE
City-St-Zip: SARASOTA, FL 34240

Title: C () Delete
Name: WHITON-SCHMIOR, GAIL
Address: 7514 BIRD'S EYE TERRACE
City-St-Zip: BRADENTON, FL 34203

Title: D () Delete
Name: KEZAR, DENNIS
Address: 7313 MERCHANT COURT
City-St-Zip: SARASOTA, FL 34240

Title: D () Delete
Name: SANTOSUOSSO, JOHN
Address: 4860 HIGHLANDS PLACE DR
City-St-Zip: LAKELAND, FL 32813

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: C (X) Change () Addition
Name: WHITON-SCHMIDT, GAIL
Address: 7514 BIRD'S EYE TERRACE
City-St-Zip: BRADENTON, FL 34203

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

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: GARY MOORE

PRES

04/14/2009

Electronic Signature of Signing Officer or Director

Date