

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000002746

FILED
Apr 07, 2009
Secretary of State

Entity Name: SANFORD SEMINOLE ART ASSOCIATION, INC.

Current Principal Place of Business:

777 GENERAL HUTCHISON PKWY
LONGWOOD, FL 32750

New Principal Place of Business:

121 EDGEWATER CIRCLE
SANFORD, FL 32773

Current Mailing Address:

777 GENERAL HUTCHISON PKWY
LONGWOOD, FL 32750

New Mailing Address:

121 EDGEWATER CIRCLE
SANFORD, FL 32773

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

Name and Address of Current Registered Agent:

CRAMER, CHARLES W
1411 EDGEWATER DR STE 200
ORLANDO, FL 32804 US

Name and Address of New Registered Agent:

CRAMER, CHARLES W
1411 EDGEWATER DR
SUITE 200
ORLANDO, FL 32804 US

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:

04/07/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CHENET, KATHLEEN
Address: 777 GENERAL HUTCHISON PKWY
City-St-Zip: LONGWOOD, FL 32750

Title: D () Delete
Name: BUTLER, SHARON
Address: 122 CLUB RD
City-St-Zip: SANFORD, FL 32771

Title: D () Delete
Name: STEVENS, DEELEEE
Address: 158 SHADOW TR
City-St-Zip: LONDWOOD, FL 32750

Title: D () Delete
Name: COLLINS, GAIL
Address: 121 EDGEWATER CIR
City-St-Zip: SANFORD, FL 32773

Title: D (X) Delete
Name: GRIFFIN, FANNIE
Address: 1755 ADAMS ST
City-St-Zip: LONGWOOD, FL 32750

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TREA (X) Change () Addition
Name: COLLINS, GAIL
Address: 121 EDGWATER CIRCLE
City-St-Zip: SANFORD, FL 32773

Title: PRES (X) Change () Addition
Name: BUTLER, SHARON
Address: 122 CLUB RD
City-St-Zip: SANFORD, FL 32771

Title: VPRE (X) Change () Addition
Name: HOOFRING, CHARLENE
Address: 147 WOODRIDGE TRAIL
City-St-Zip: SANFORD, FL 32771

Title: SEC (X) Change () Addition
Name: DARVAS, ELIZABETH
Address: 113 KAISER LANE
City-St-Zip: LONGWOOD, FL 32750

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: GAIL COLLINS

TREA

04/07/2009

Electronic Signature of Signing Officer or Director

Date