

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 14, 2008 8:00 am
Secretary of State

07-14-2008 90028 003 ****70.00

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1. Entity Name
SEMINOLE CITIES RECREATION COUNCIL, INC.



Principal Place of Business
**624 BILLS LANE
ALTAMONTE SPRINGS, FL 32714**

Mailing Address
**624 BILLS LANE
ALTAMONTE SPRINGS, FL 32714**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07072008 Chg-NP CR2E037 (12/06)

4. FEI Number

30-0413908

Applied For
Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CAMPBELL, BRAD P
624 BILLS LANE
ALTAMONTE SPRINGS, FL 32714**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed, or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$81.25
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **CAMPBELL, BRAD P**
STREET ADDRESS **624 BILLS LANE**
CITY-ST-ZIP **ALTAMONTE SPRINGS, FL 32714**

TITLE **T** ☐ Delete
NAME **CALDWELL, CHRIS**
STREET ADDRESS **1126 E. SR 434**
CITY-ST-ZIP **WINTER SPRINGS, FL 32708**

TITLE **V** ☐ Delete
NAME **MELI, FRAN**
STREET ADDRESS **174 W. CHURCH AVENUE**
CITY-ST-ZIP **LONGWOOD, FL 32750**

TITLE **S** ☒ Delete
NAME **MYERS, ERIN**
STREET ADDRESS **125 E. MELODY LANE**
CITY-ST-ZIP **CASSELBERRY, FL 32707**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **S. Meghan McAdams**
STREET ADDRESS **1480 Oviedo Blvd.**
CITY-ST-ZIP **Oviedo, FL 32765**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/7/08

407.551.8778