

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000003500

FILED
Mar 04, 2009
Secretary of State

Entity Name: SEMINOLE CITIES RECREATION COUNCIL, INC.

Current Principal Place of Business:

624 BILLS LANE
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

Current Mailing Address:

624 BILLS LANE
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

FEI Number: 30-0413908

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

CALDWELL, CHRIS A
624 BILLS LANE
ALTAMONTE SPRINGS, FL 32714 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: CHRIS A CALDWELL

03/04/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CAMPBELL, BRAD P
Address: 624 BILLS LANE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: T () Delete
Name: CALDWELL, CHRIS
Address: 1126 E. SR 434
City-St-Zip: WINTER SPRINGS, FL 32708

Title: V () Delete
Name: MELI, FRAN
Address: 174 W., CHURCH AVENUE
City-St-Zip: LONGWOOD, FL 32750

Title: S () Delete
Name: MCADAMS, MEGHAN
Address: 148 OVIEDO BLVD.
City-St-Zip: OVIEDO, FL 32765

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CALDWELL, CHRIS A
Address: 624 BILLS LANE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: S (X) Change () Addition
Name: LYONS, AMBER
Address: P.O. BOX 958445
City-St-Zip: LAKE MARY, FL 32795

Title: V (X) Change () Addition
Name: WARING, STEVE
Address: 1101 E. FIRST STREET
City-St-Zip: SANFORD, FL 32771

Title: T (X) Change () Addition
Name: THOMPSON, RYAN
Address: 624 BILLS LANE
City-St-Zip: ALTAMONTE SPRINGS, FL 327614

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: CHRIS A CALDWELL

PRES

03/04/2009

Electronic Signature of Signing Officer or Director

Date