

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000007553

FILED  
Apr 20, 2009  
Secretary of State

**Entity Name:** SEMINOLE COUNTY HEROES MEMORIAL ASSOCIATION, INC.

**Current Principal Place of Business:**

1101 EAST FIRST STREET  
SANFORD, FL 327711468

**New Principal Place of Business:**

**Current Mailing Address:**

1101 EAST FIRST STREET  
SANFORD, FL 327711468

**New Mailing Address:**

**FEI Number:** 14-2005714

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

COTO, CYNTHIA A  
1101 EAST FIRST STREET  
SANFORD, FL 327711468 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: PD ( ) Delete  
Name: IOPPOLO, FRANK  
Address: 450 S ORANGE AVE SUITE 650  
City-St-Zip: ORLANDO, FL 32801

Title: VD ( ) Delete  
Name: KOHL, ROBERT  
Address: 877 PADDINGTON TERRACE  
City-St-Zip: HEATHROW, FL 32746

Title: SD ( ) Delete  
Name: COTO, CYNTHIA A  
Address: 1101 EAST FIRST STREET  
City-St-Zip: SANFORD, FL 327711468

Title: T ( ) Delete  
Name: SPRIGGS, LISA  
Address: 1101 EAST FIRST STREET  
City-St-Zip: SANFORD, FL 32771

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: IOPPOLO, FRANK  
Address: 701 INTERNATIONAL PARKWAY STE 200  
City-St-Zip: LAKE MARY, FL 32746

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

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: LISA H. SPRIGGS

T

04/20/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date