

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000009927

**FILED**  
**Jan 10, 2012**  
**Secretary of State**

**Entity Name:** SEMINOLE ACTION COALITION SERVING OUR NEEDY, INC.

**Current Principal Place of Business:**

HOLY CROSS EPISCOPAL CHURCH  
410 S. MAGNOLIA AVE  
SANFORD, FL 32771

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 95  
SANFORD, FL 32772

**New Mailing Address:**

**FEI Number:** 90-0645572

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TRYLKO, TRACE  
1009 ALABASTER COVE  
SANFORD, FL 32771 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: CD  
Name: TRYLKO, TRACE  
Address: 1009 ALABASTER COVE  
City-St-Zip: SANFORD, FL 32771

Title: VCD  
Name: HARRIS, FR. RORY  
Address: 827 TOMLINSON TERRACE  
City-St-Zip: LAKE MARY, FL 32746

Title: SD  
Name: WILHELM, JUDITH  
Address: 6902 OAK ST  
City-St-Zip: SANFORD, FL 32771

Title: TD  
Name: OWENS, DOREEN A  
Address: 211 MARC STREET  
City-St-Zip: SANFORD, FL 32773

I hereby 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 all other like empowered.

SIGNATURE: JUDITH S WILHELM

SECT

01/10/2012

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

\_\_\_\_\_  
Date