

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
**1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morton  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

MAY - 1 AM 8:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N10043** (0)  
1. Corporation Name:  
**SEMINOLE ATHLETIC CONFERENCE, INC.**

Principal Place of Business: **2701 RIDGEWOOD AVE. SANFORD FL 32773 US**  
Mailing Address: **2701 RIDGEWOOD AVE. SANFORD FL 32773 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>07/02/1985</b>	3a. Date of Last Report <b>02/03/1994</b>
4. FEI Number <b>NOT APPLICABLE</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc:	Suite, Apt. #, etc:
22	27
City & State:	City & State:
23	28
Zip	Zip
Country	Country
24	29
25	30

9. Name and Address of Current Registered Agent  
**WHIGHAM, FRANK C.  
200 WEST FIRST STREET  
SUN BANK BLDG., SUITE 22  
SANFORD FL 32771**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOOTHE, DARVIN	12 NAME	
STREET ADDRESS	991 SAND LAKE RD.	13 STREET ADDRESS	
CITY, ST, ZIP	ALTAMONTE SPRINGS FL	14 CITY, ST, ZIP	
TITLE	PD	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EPPS, WAYNE	22 NAME	
STREET ADDRESS	601 KING STREET	23 STREET ADDRESS	
CITY, ST, ZIP	OVIEDO FL	24 CITY, ST, ZIP	
TITLE	SD	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, DON	32 NAME	
STREET ADDRESS	4200 DIKE ROAD	33 STREET ADDRESS	
CITY, ST, ZIP	WINTER PARK FL	34 CITY, ST, ZIP	
TITLE	PD	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAINES, RAYMOND	42 NAME	
STREET ADDRESS	655 LONGWOOD LAKE MARY R	43 STREET ADDRESS	
CITY, ST, ZIP	LAKE MARY FL	44 CITY, ST, ZIP	
TITLE	PD	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHAPKER, GRETCHEN	52 NAME	
STREET ADDRESS	2701 RIDGEWOOD AVE	53 STREET ADDRESS	
CITY, ST, ZIP	SANFORD FL	54 CITY, ST, ZIP	
TITLE	PD	61 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENLEY, CARLTON	62 NAME	GORMAN, PETER
STREET ADDRESS	1141 SE LAKE AVENUE	63 STREET ADDRESS	1141 S. COUNTY RD. 427
CITY, ST, ZIP	LONGWOOD FL	64 CITY, ST, ZIP	LONGWOOD, FL 32750

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Darvin Boothe*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/95  
866-2776  
DATE TELEPHONE