


FILE NOW: FILING FEE IS \$61.25

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Feb 06 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N10043 (0)**

1. Corporation Name  
**SEMINOLE ATHLETIC CONFERENCE, INC.**

Principal Place of Business <b>2701 RIDGEWOOD AVE. SANFORD FL 32773 US</b>	Mailing Address <b>2701 RIDGEWOOD AVE. SANFORD FL 32773 US</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified <b>07/02/1985</b>
4. FEI Number <b>NOT APPLICABLE</b>
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BOOTHE, DARVIN	
STREET ADDRESS	991 SAND LAKE RD.	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	
TITLE	PD <i>R.W. Lundquist</i>	<input type="checkbox"/> DELETE
NAME	<del>EPPE, WAYNE</del>	
STREET ADDRESS	601 KING STREET	
CITY-ST-ZIP	OVIEDO FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SMITH, DON	
STREET ADDRESS	4200 DIKE ROAD	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	GAINES, RAYMOND	
STREET ADDRESS	655 LONGWOOD LAKE MARY R	
CITY-ST-ZIP	LAKE MARY FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	SCHAPKER, GRETCHEN	
STREET ADDRESS	2701 RIDGEWOOD AVE	
CITY-ST-ZIP	SANFORD FL	
TITLE	PD <i>Momary Sam</i>	<input type="checkbox"/> DELETE
NAME	<del>GORMAN, PETER</del>	
STREET ADDRESS	1141 S. COUNTY RD. 427	
CITY-ST-ZIP	LONGWOOD FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	A.W. Epps	
1.3 STREET ADDRESS	130 Tusculum Rd	
1.4 CITY-ST-ZIP	Winter Springs FL	32708
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: R.W. Lundquist **RED** 1-20-98  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0014590

CR2E037 (10/97)