

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90031 026 ****61.25

DOCUMENT # N10043
 1. Entity 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

94058125



DO NOT WRITE IN THIS SPACE

04142004 No Chg-NP CR2E037 (10/03)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WHIGHAM, FRANK C
 200 WEST FIRST STREET
 SUN BANK BLDG., SUITE 22
 SANFORD, FL 32771

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8. 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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GRUBER, DONALD D, Elise 130 TUSCAWILLA RD WINTER SPRINGS, FL 32708
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LINDQUIST, RW 601 KING STREET OVIEDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SMITH, DON 4200 DIKE ROAD WINTER PARK, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOOTHE, DARVIN 991 SAND LAKE RD. ALTAMONTE SPRINGS, FL 32714
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KARNS, BOYD 655 LONGWOOD-LAKE MARY RD LAKE MARY, FL 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MOMARY, SAM 1141 S. COUNTY RD. 427 LONGWOOD, FL

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Rox C 4/14/04 407/320-8717

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #