


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 07, 2005 8:00 am
Secretary of State

03-07-2005 90258 037 ****61.25

DOCUMENT # N10043 1. Entity Name SEMINOLE ATHLETIC CONFERENCE, INC.	
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Principal Place of Business 2701 RIDGEWOOD AVE. SANFORD FL 32773 US	Mailing Address 2701 RIDGEWOOD AVE. SANFORD FL 32773 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 4200 Dike Road Suite, Apt. #, etc.
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City & State Winter Park, FL	City & State Winter Park, FL	4. FEI Number NO-T APPLICABLE	Applied For Not Applicable
Zip 32792	Country Seminole	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	



1st MOORE CR2E037 (10/04)

6. Name and Address of Current Registered Agent WHIGHAM, FRANK C 200 WEST FIRST STREET SUN BANK BLDG., SUITE 22 SANFORD FL 32771	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GRUBER, D ELISE 130 TUSCAWILLA RD WINTER SPRINGS FL 32708	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Blasewitz, Michael 130 Tuscawilla Road 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SMITH, DON 4200 DIKE ROAD WINTER PARK FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Storch, Shaune 4200 Dike Road Winter Park, FL 32792
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MOMARY, SAM 1141 S. COUNTY RD. 427 LONGWOOD FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Casillo, Frank 865 S. Ronald Reagan Blvd. Longwood, FL 32750

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: Dr. Shaune Storch 2/28/05 407-320-9050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #