

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90087 038 ****61.25



DOCUMENT # N10043
 1. Entity Name
SEMINOLE ATHLETIC CONFERENCE, INC.

Principal Place of Business Mailing Address
 2701 RIDGEWOOD AVE. 4200 DIKE ROAD
 SANFORD FL 32773 WINTER PARK FL 32792
 US US



2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. **601 King Street**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E037 (10/05)

City & State City & State
Oviedo, FL

4. FEI Number Applied For
NO-T APPLICABLE Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$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

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 reconstituting)

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	BLASEWITZ, MICHAEL	
STREET ADDRESS	130 TUSCAWILLA RD	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE	PD	<input type="checkbox"/> Delete
NAME	LINDQUIST, RW	
STREET ADDRESS	601 KING STREET	
CITY-ST-ZIP	OVIEDO FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	STORCH, SHAUNE	
STREET ADDRESS	4200 DIKE ROAD	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BOOTHE, DARVIN	
STREET ADDRESS	991 SAND LAKE RD.	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE	PD	<input type="checkbox"/> Delete
NAME	KARNS, BOYD	
STREET ADDRESS	655 LONGWOOD-LAKE MARY RD	
CITY-ST-ZIP	LAKE MARY FL 32746	
TITLE	PD	<input type="checkbox"/> Delete
NAME	CASILLO, FRANK	
STREET ADDRESS	865 S. RONALD REAGAN BLVD	
CITY-ST-ZIP	LONGWOOD FL 32750	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Williams, Mary	
STREET ADDRESS	991 Sand Lake Rd	
CITY-ST-ZIP	Altamonte Spgs., FL. 32714	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Juan J Kelly* 3/24/06 407-320-3564