


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2007 08:00 AM
Secretary of State

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

Principal Place of Business 2701 RIDGEWOOD AVE. SANFORD, FL 32773 US	Mailing Address 601 KING ST AVIEDO, FL US
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01252007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> 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**

**DO NOT WRITE
IN THIS SPACE**

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)

**Filing Fee is \$61.25
Due by May 1, 2007**

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

000000614220
02/06/07-80017-003 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BLASEWITZ, MICHAEL 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	PD STORCH, SHAUNE 4200 DIKE ROAD WINTER PARK, FL 32792
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILLIAMS, MARY 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 CASILLO, FRANK 865 S. RONALD REAGAN BLVD LONGWOOD, FL 32750

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Robert W. Lundquist Robert W. Lundquist 1/25/07 407-320-4001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #