

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10043

FILED
Aug 28, 2008
Secretary of State

Entity Name: SEMINOLE ATHLETIC CONFERENCE, INC.

Current Principal Place of Business:

2701 RIDGEWOOD AVE.
SANFORD, FL 32773 US

New Principal Place of Business:

Current Mailing Address:

601 KING ST
AVIEDO, FL US

New Mailing Address:

865 RONALD REAGAN BLVD
LONGWOOD, FL 32750 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BLASEWITZ, MICHAEL
Address: 130 TUSCAWILLA RD
City-St-Zip: WINTER SPRINGS, FL 32708

Title: PD () Delete
Name: LINDQUIST, RW
Address: 601 KING STREET
City-St-Zip: OVIEDO, FL

Title: PD () Delete
Name: STORCH, SHAUNE
Address: 4200 DIKE ROAD
City-St-Zip: WINTER PARK, FL 32792

Title: PD () Delete
Name: WILLIAMS, MARY
Address: 991 SAND LAKE RD.
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: PD () Delete
Name: KARNS, BOYD
Address: 655 LONGWOOD-LAKE MARY RD
City-St-Zip: LAKE MARY, FL 32746

Title: PD () Delete
Name: CASILLO, FRANK
Address: 865 S. RONALD REAGAN BLVD
City-St-Zip: LONGWOOD, FL 32750

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: MOMARY, SAM
Address: 3225 LOCKWOOD BLVD
City-St-Zip: OVIEDO, FL 32765

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANK CASILLO

PD

08/28/2008

Electronic Signature of Signing Officer or Director

_____ Date