

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000007807

**FILED**  
**Apr 29, 2012**  
**Secretary of State**

**Entity Name:** SANFORD SEMINOLE HIGH SCHOOL ACADEMIC AND ATHLETIC BOOSTER CLUB, INC.

**Current Principal Place of Business:**

2701 RIDGEWOOD AVENUE  
SANFORD, FL 32773

**New Principal Place of Business:**

**Current Mailing Address:**

2701 RIDGEWOOD AVENUE  
SANFORD, FL 32773

**New Mailing Address:**

**FEI Number:** 45-3019445

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SCHOMER, DON C  
106 FOXRIDGE RUN  
LONGWOOD, FL 32750 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: D  
Name: AUSTIN, GORDON P  
Address: 162 GOLFSIDE CIRCLE  
City-St-Zip: SANFORD, FL 32773

Title: D  
Name: SCHOMER, DON C  
Address: 106 FOXRIDGE RUN  
City-St-Zip: LONGWOOD, FL 32750

Title: D  
Name: PAVGOUZAS, DIANA  
Address: 537 PICKFAIR TERRACE  
City-St-Zip: LAKE MARY, FL 32746

Title: D  
Name: SWEENEY, BRIAN  
Address: 1120 HARBOUR VIEW CIRCLE  
City-St-Zip: LONGWOOD, FL 32750

I hereby 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 all other like empowered.

SIGNATURE: DON C SCHOMER

D

04/29/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date