


FILE NOW: FILING FEE IS \$61.25

FILED
May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N13710 (1)					
1. Corporation Name THE FOUNDATION FOR SEMINOLE COUNTY PUBLIC SCHOOL S, INC.					
Principal Place of Business % PAUL J. HAGERTY 400 E. LAKE MARY BOULEVARD SANFORD FL 32773			Mailing Address % PAUL J. HAGERTY 400 E. LAKE MARY BOULEVARD SANFORD FL 32773-7125		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country			2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		
3. Date Incorporated or Qualified 03/05/1986			3a. Date of Last Report 05/30/1996		
4. FEI Number 59-2775956			Applied For Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>			\$5.00 May Be Added to Fees		
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No					
9. Name and Address of Current Registered Agent HAGERTY, PAUL J. 1211 MELLONVILLE AVENUE SANFORD FL 32771			10. Name and Address of New Registered Agent 81 Name HAGERTY, PAUL J. 82 Street Address (P.O. Box Number is Not Acceptable) 400 E. LAKE MARY BOULEVARD 83 84 City SANFORD FL 85 Zip Code 32773		
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	D	<input type="checkbox"/> DELETE			
NAME	HAGERTY, PAUL J.				
STREET ADDRESS	1211 MELLONVILLE AVENUE				
CITY - ST - ZIP	SANFORD FL				
TITLE	CD	<input checked="" type="checkbox"/> DELETE			
NAME	LUPINSKI, DEBBIE				
STREET ADDRESS	850 E. ALTAMONTE DRIVE				
CITY - ST - ZIP	ALTAMONTE SPRINGS FL 32701				
TITLE	PD	<input checked="" type="checkbox"/> DELETE			
NAME	HEAD, NAP				
STREET ADDRESS	739 KEENELAND PIKE				
CITY - ST - ZIP	LAKE MARY FL 32746				
TITLE	VD	<input checked="" type="checkbox"/> DELETE			
NAME	HERR, ANDRIA				
STREET ADDRESS	800 N. MAGNOLIA AVE STE #600				
CITY - ST - ZIP	ORLANDO FL 32803				
TITLE	S/D	<input type="checkbox"/> DELETE			
NAME	ANDERSON, LAURIE				
STREET ADDRESS	11 S. BUMBY				
CITY - ST - ZIP	ORLANDO FL 32853				
TITLE	TD	<input checked="" type="checkbox"/> DELETE			
NAME	ROSS, ROGER				
STREET ADDRESS	617 E. COLONIAL DRIVE				
CITY - ST - ZIP	ORLANDO FL 32803				
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY - ST - ZIP					
2.1 TITLE	CD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
2.2 NAME	HERR, ANDRIA				
2.3 STREET ADDRESS	800 N. MAGNOLIA AVE., SUITE 600				
2.4 CITY - ST - ZIP	ORLANDO, FL 32803				
3.1 TITLE	FD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
3.2 NAME	HULBERS, KEITH				
3.3 STREET ADDRESS	583 EAST STATE ROAD 434				
3.4 CITY - ST - ZIP	LONGWOOD, FL 32750				
4.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
4.2 NAME	PARKER, GAY				
4.3 STREET ADDRESS	404 W. 25TH STREET				
4.4 CITY - ST - ZIP	SANFORD, FL 32771				
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY - ST - ZIP					
6.1 TITLE	MD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
6.2 NAME	SCHAFFNER, DEDE				
6.3 STREET ADDRESS	400 E. LAKE MARY BOULEVARD				
6.4 CITY - ST - ZIP	SANFORD, FL 32773				
14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.					
SIGNATURE: <i>Andria Herr</i> MAY 15, 1997 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRESIDENT OF THE FOUNDATION					

CR2E037 (9/96)