## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

**DOCUMENT #**1. Corporation Name

(1)

THE FOUNDATION FOR SEMINOLE COUNTY PUBLIC SCHOOL S, INC.

| Principal Place of Business   | Mailing Address  |  |  |
|---|--|--|--|
| % PAUL J. HAGERTY<br>400 E. LAKE MARY BOULEVARD<br>SANFORD FL 32773 | % PAUL J. HAGERTY<br>400 E. LAKE MARY BOULEVARD<br>SANFORD FL 32773-7125 |  |  |
| 2. Principal Place of Business                                      | 2a. Mailing Address  |  |  |

**FILED** May 20 1997 8:00am Secretary of State



| 2. Principal Race of Business   2a. Mailing Address   2b. Mailing Address   2a. Mailing Address   2b. Mailing   |                  | IARY BOULEVARD                                     | 400 E. LAKE MARY BOULE<br>SANFORD FL 32773-7125  | VARD                       |   |   |
|---|------------------|--|--|----------------------------|---|---|
| Surie. Aprl. #, etc   | SANFORD FL 32773 |  | SAMPONU FL 32//3-/1/25                           |                            | 3. Date Incorporated or Qualified 03/05/1986    |   |
| Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Site, Apt. #, etc.   Site  | ·                | lace of Business                                   | 2a. Mailing Address                              |                            | 4. FEI Number                                   | Applied For                             |
| City & State   City & State   City & State   City & State   Selection Campaign Financing   \$5.00 May   \$5.00 May |                  |  |  |                            | 59-2775956                                      | Not Applicab                            |
| City & State  Ci  |                  | #, etc   | <del>                                     </del> |                            | 5. Certificate of Status Desired                | \$8.75 Additional                       |
| Zip   | 22]              |  |  |                            |   |   |
| Ap  |                  | e  | <del>}</del>                                     |                            | ,   | \$5.00 May Be                           |
| 9. Name and Address of Current Registered Agent  HAGERTY, PAUL J.  1211 MELLONVILLE AVENUE SANFORD FL 32771  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 regist office or registered agent. or both, in the State of Florida Statutes, the above-named corporation submits this statement for the purpose of changing its regist office or registered agent, or both, in the State of Florida Statutes, the above-named corporation submits this statement for the purpose of changing its regist office or registered agent, or both, in the State of Florida Statutes, the above-named corporation submits this statement for the purpose of changing its regist of the purpose of change its regist of the purpose of changing its regist of the purpose of changing its regist of the purpose of changing its register of the purpose of changing its register of the purpose of change its regist of the purpose of changing its register of the purpose of the purpose of the purpose of   | 710              | Country  | <del></del>                                      | Country                    | <del></del>                                     |   |
| HAGERTY, PAUL J. 1211 MEILONMILE AVENUE SANFORD FL 32771  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 agent, or both, in the State of Florida Such change was authorized by the corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida Such change was authorized by the corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida Such change was authorized by the corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1  |                  |  | <del>-</del>                                     |                            |   |   |
| HAGERTY, PAUL J.  1211 MELLONMILE AVENUE SANFORD FL 32771  1212 MELLONMILE AVENUE SANFORD FL 32771  1213 MELLONMILE AVENUE SANFORD FL 32771  1214 MELLONMILE AVENUE SANFORD FL 32771  1216 City Florida Statutes, the above-named corporation submits this statement for the purpose of changing its regit office or registered agent, or both, in the State of Florida Statutes, the above-named corporation submits this statement for the purpose of changing its regit office or registered agent, or both, in the State of Florida Statutes, the above-named corporation submits this statement for the purpose of changing its regit of the corporation's board of directors. I hereby accept the appointment as registrated spent and size if agent tan familie with - and accept the displaced spent and size if agent tan familie with - and accept the displaced agent is registered by the corporation's board of directors. I hereby accept the appointment as registrated by the corporation's board of directors. I hereby accept the appointment as registrated by the corporation's board of directors. I hereby accept the appointment as registrated by the corporation's board of directors. I hereby accept the appointment as registrated by the corporation's board of directors. I hereby accept the appointment as registrated by the corporation's board of directors. I hereby accept the appointment as registrated by the corporation's board of directors. I hereby accept the appointment as registrated by the corporation's board of directors. I hereby accept the appointment as registrated by the corporation's board of directors. I hereby accept the appointment as registrated by the corporation's board of directors. I hereby accept the appointment as registrated by the corporation's board of directors. I hereby accept the appointment as registrated by the corporation's board of directors. I hereby accept the appointment as registrated by the corporation's board of directors. I hereby accept the appointment as registrated by the corporation's board of directors  | 241              |  |  | 301                        |   |   |
| ## ACCEPTION PAIR AVENUE  SANFORD FL 32771  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 regist office or registered agent, or both, in the State of Florida Such change was authorized by the corporation submits this statement for the purpose of changing its regist office or registered agent, or both, in the State of Florida Such change was authorized by the corporation submits this statement for the purpose of changing its regist office or registered agent, or both, in the State of Florida Such change was authorized by the corporation submits this statement for the purpose of changing its regist of section 617,0503, Florida Statutes.  SIGNATURE  11. Purpose of primed rame of registered spent and ten it applicable.   |                  |  |  | 81 Name                    |   |   |
| 1211 MELLONALLE AVENUE SANFORD FL 32771  13. 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 regist agent. I am familiar with, and accept the obligations of. Section 617,0503, Florida Statutes.  14. 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 regist agent. I am familiar with, and accept the obligations of. Section 617,0503, Florida Statutes.  15. Corporation in familiar with, and accept the obligations of. Section 617,0503, Florida Statutes.  16. Corporation in familiar with, and accept the obligations of. Section 617,0503, Florida Statutes.  17. Corporation in familiar with, and accept the obligations of. Section 617,0503, Florida Statutes.  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1. TITLE  19. Corporation in familiar with, and accept the obligations of. Section 617,0503, Florida Statutes.  19. Corporation in familiar with, and accept the obligations of. Section 617,0503, Florida Statutes.  19. Corporation in familiar with, and accept the obligations of Statutes.  19. Corporation in familiar with, and accept the obligations of Statutes.  19. Corporation in familiar with, and accept the obligations of Statutes.  19. Corporation in familiar with, and accept the obligations of Statutes.  19. Corporation in familiar with, and accept the obligations of Statutes.  19. Corporation in familiar with, and accept the obligations of Statutes.  19. Corporation in familiar with, and accept the obligations of Change and Accept the appointment as regist general corporations board of directors. In feature the purpose of changing its regist general accept the obligations of Statutes.  19. Corporation in familiar with, and accept the obligations of Statutes.  19. Corporation in familiar with, and accept the obligations of Statutes.  19. Corporation in familiar with, and accept the obligat  | HAGERI           | I IIIAG VI   |  |                            |   |   |
| SANFORD FL 32771    Salf   City   SANFORD   Salf  |                  |  |  | 1 1                        |   |   |
| 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 registion 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 registing agent, and married with, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  14. INTELLABORISS  CITY-S1-7P  SANFORD FL  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 1 2 MAVE  12. SIRRET ADDRESS  CITY-S1-7P  SANFORD FL  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 1 2 MAVE  13. SIRRET ADDRESS  CITY-S1-7P  SANFORD FL  14. CITY-S1-7P  14. CITY-S1-7P  CD  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 1 2 MAVE  13. SIRRET ADDRESS  CITY-S1-7P  SANFORD FL  14. CITY-S1-7P  14. CITY-S1-7P  CD  15. CITY-S1-7P  CD  16. CITY-S1-7P  CD  17. Change  18. CITY-S1-7P  CD  CD  CD  CD  CD  CD  CD  CD  CD  C   |                  |  |  | B3 400                     | E. LANE WARY HOULEVARD                          | <u> </u>                                |
| 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 regist officer or registered agent, or both, in the State of Florida. Such change was authorized by the corporation submits this statement for the purpose of changing its regist officer or registered agent, or both, in the State of Florida. Such change was authorized by the corporation submits this statement for the purpose of changing its regist of the special of Florida Statutes.  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1  TITLE  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1  12. OFFICERS AND DIRECTORS IN 1  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1  13. ADDITIONS/CHANGE  | OAN O            | 10 1 02//1   |  |                            |   |   |
| 11. Pursuant to the provisions of Sections 617,0502 and 617,1506. Florida Statutes, the above-harmed corporation submits this statement for the purpose of changing is 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 regists agent. Lam familiar with, and accept the obligations of, Section 617,0503, Florida Statutes.  SIGNATURE  Signature: by each or printed name of registered agent and attent it applicable. (NOTE Registered Agent applicable resulted when resulted when resultating).  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 1211 MELLON/ILLE AVENUE  13. SIREET ADDRESS  CITY. SIT. 7P  SANFORD FL  12. IMELLON/ILLE AVENUE  13. SIREET ADDRESS  CITY. SIT. 7P  SANFORD FL  14. CITYSIT. 2P  INTE  CD  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 1211 MELLON/ILLE AVENUE  13. SIREET ADDRESS  CITY. SIT. 7P  SANFORD FL  14. CITYSIT. 2P  INTE  CD  15. Change  16. Change  17. Change  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 1211 MELLON/ILLE AVENUE  13. SIREET ADDRESS  CITY. SIT. 7P  ALTAMONTE DRIVE  22. NAME  LUPINSKI, DEBBIE  850 E ALTAMONTE DRIVE  22. NAME  LUPINSKI, DEBBIE  850 E ALTAMONTE DRIVE  22. NAME  LUPINSKI, DEBBIE  850 E ALTAMONTE DRIVE  23. SIREET ADDRESS  CITY. SIT. 7P  ALTAMONTE SPRINGS FL 32701  14. CITYSIT. 7P  CRIANDO, FL 32803  LAKE MARY FL 32746  15. LAKE MARY FL 32746  16. LAKE MARY FL 32746  17. Change  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 1211 MELLON/ILLE  CD  17. Change  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 1211 MELLON/ILLE  CD  18. CHANGES TO OFFICERS AND DIRECTORS IN 1 1211 MELLON/ILLE  CD  18. CHANGES TO OFFICERS AND DIRECTORS IN 1 1211 MELLON/ILLE  CD  18. CHANGES TO OFFICERS AND DIRECTORS  CITY. SIT. 7P  CRIANDON FL 32803  ALTAMONTE SPRINGS FL 32701  CHANGE  18. CHANGES TO OFFICERS AND DIRECTORS  COTY. SIT. 7P  CRIANDON FL 32803  CITY. SIT. 7P  CRIANDON FL 32803  CITY. SIT. 7P  CRIANDON FL 32   |                  |  |  |                            | EVDI  | 85 Zip Code                             |
| SIGNATURE   | 11 Pursuant      | to the provisions of Sections 617 050              | 2 and 617 1508. Florida Statute                  |                            |   |   |
| SIGNATURE   | office or r      | registered agent, or both, in the State            | of Florida Such change was a                     | uthorized by the con       | poration's board of directors. I hereby acce    | pt the appointment as registered        |
| Signature trivide or printed agent and take if applicable   (NOTE Pegilated Agent appraise)   DATE  |                  | im familiar with, and accept the obliga            | ations of, Section 617.0503, Flo                 | rida Statutes.             |   |   |
| 12. OFFICERS AND DIRECTORS  11ILE  D  DELETE  1.1 TILLE  D  DELETE  1.2 TILLE  D  DELETE  1.3 TILLE  1.2 NAME  1.3 STREET ADDRESS  SANFORD FL  1.4 COTY-SI-ZIP  DELETE  1.4 COTY-SI-ZIP  DELETE  1.5 SANFORD FL  1.6 COTY-SI-ZIP  DELETE  1.7 CHange  1.7 CHANDERS  1.  | SIGNATURE .      | Stanature, typed or printed name of registered age | ni and title if applicable (NOTE                 | Registered Agent signature | required when reinstating)                      | DATE                                    |
| NAME  | 12.              |  |  |                            |   |   |
| 1211 MELLONVILLE AVENUE   1.3 STREET ADDRESS   1.4 CITY - ST - ZIP  | TITLE            | D  | ☐ DELETE   | 1.1 TITLE                  |   | ☐ Change ☐ Additi                       |
| CITY-ST-ZIP   SANFORD FL  | NAME             | HAGERTY, PAUL J.                                   |  | 1.2 NAME                   |   |   |
| CITY-ST-ZIP   SANFORD FL  | STREET ADDRESS   | 1211 MELLONVILLE AVENUE                            |  | 1.3 STREET ADDRESS         |   | •                                       |
| THE CD LUPINSKI, DEBBIE 21 TITLE CD CHange EX AMME LUPINSKI, DEBBIE 22 NAME HERR, ANDRIA 850 E ALTAMONTE DRIVE 23 STREET ADDRESS 850 E ALTAMONTE SPRINGS FL 32701 24 CITY-ST-ZIP ORLANDO, FL 32803  THE PD SI DELETE 31 TITLE PD CHANGE STREET ADDRESS ALTAMONTE SPRINGS FL 32701 22 NAME HEAD, NAP 32 NAME HEAD, NAP 32 NAME HEAD, NAP 32 NAME HULBERS; KEITH 33 STREET ADDRESS 58 3 EAST STATE ROAD 434 LAKE MARY FL 32746 31 TITLE VD CHANGE EX ALCITY-ST-ZIP LONGWOOD, FL 32750 CHANGE STREET ADDRESS 800 N. MAGNOLIA AVE STE #600 ALS STREET ADDRESS 800 N. MAGNOLIA AVE   | CITY-ST-7IP      | _ ***  |  |                            |   |   |
| NAME  |                  | CD   | <b>₩</b> DELETE                                  |                            | CD  | Change X Additi                         |
| STREET ADDRESS CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701  DILE PD NAME HEAD, NAP STREET ADDRESS CITY-ST-ZIP LAKE MARY FL 32746  TILE NAME HERR, ANDRIA STREET ADDRESS CITY-ST-ZIP THLE S/D NAME ANDERSON, LAURIE STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32803  3.1 TITLE PD! LAKE MARY FL 32746  3.3 STREET ADDRESS 3.4 CITY-ST-ZIP LONGACOOD, FL 32750  LAKE MARY FL 32746  4.2 NAME 4.2 NAME 4.2 NAME 4.2 NAME 4.3 STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32803  ACCITY-ST-ZIP ORLANDO, FL 32750  LAKE MARY FL 32746  4.2 NAME 4.2 NAME 4.2 NAME 4.2 NAME 4.3 STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32803  ACCITY-ST-ZIP SANFORD, FL 32771  Change LAKE STREET ADDRESS CITY-ST-ZIP SANFORD, FL 32771  Change LAKE CITY-ST-ZIP CHANGE STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32803  ACCITY-ST-ZIP SANFORD, FL 32771  Change LAKE CHANGE CHA  | NAME             | LUPINSKI, DEBBIE                                   |  | 2.2 NAME                   |   |   |
| CITY-ST-ZIP   | STREET ADDRESS   | 850 E ALTAMONTE DRIVE                              |  | 2.3 STREET ADDRESS         |   | SUITE 600                               |
| NAME  | CITY-ST-ZIP      | ALTAMONTE SPRINGS FL 32                            | 701  | 1                          |   | 50111 000                               |
| NAME  |                  |  |  |                            |   | Change X Additi                         |
| 33 STREET ADDRESS   739 KEENELAND PIKE   LAKE MARY FL 32746   34. CITY-ST-ZIP   LONGACOD   FT   32750   | NAME             | HEAD, NAP  |  | 3.2 NAME                   | • · · · · · · · · · · · · · · · · · ·           |   |
| City-St-ZiP   | STREET ADDRESS   |  |  | 3.3 STREET ADORESS         |   | .u                                      |
| NAME  |                  |  |  |                            |   | 1 ■                                     |
| NAME  |                  |  | <b>₩</b> DELETE                                  |                            | J VD  | Change X Additi                         |
| STREET ADDRESS   800 N. MAGNOLIA AVE STE #600   43 STREET ADDRESS   404 W. 25TH STREET  | NAMÉ             | l 'T   |  | 4. 2 NAME                  | PARKER, GAY                                     | - ·                                     |
| CITY-ST-ZIP   ORLANDO FL 32803  | •                | ,  | #600   |                            |   |   |
| TITLE   |                  | )  |  |                            |   |   |
| NAME         ANDERSON, LAURIE         52 NAME           STREET ADDRESS         11 S. BUMBY         5.3 STREET ADDRESS           CHY-ST-ZIP         ORLANDO FL 32853         5.4 CITY-ST-ZIP           THLE         TD         IMID         Change   |                  |  | ☐ DELETE   |                            |   | ☐ Change ☐ Additi                       |
| STREET ADDRESS   11 S. BUMBY  | NAME             |  |  | 5.2 NAME                   |   |   |
| City-St-ZIP         ORLANDO FL 32853         5.4 city-St-ZIP           Title         TD         IX DELETE         6.1 Title         MID         ☐ Change         IX DELETE  | STREET ADDRESS   | , ·  |  | 4                          | 1   |   |
| TITLE TD DELETE 61 TITLE MID Change 120 /   |                  | ]  |  |                            |   |   |
|   |                  |  | DELETE   |                            | MD  | Change X Additi                         |
| NAME ROSS, ROGER 62 NAME SCHAFFNER, DEDE  |                  | [  |  | 6.2 NAME                   | SCHAFFNER, DEDE                                 |   |
| STREET ADDRESS 617 E. COLONIAL DRIVE 63 STREET ADDRESS 400 E. LAKE MARY BOULEVARD   |                  |  |  | 4                          |   | VARD                                    |
| CITY-S1-ZIP ORLANDO FL 32803 64CITY-ST-ZIP SANFORD, FL 32773  |                  |  |  |                            | 1   | · • • • • • • • • • • • • • • • • • • • |
| 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  |                  |  | d with this filing does not qualify              | y for the exemption s      | stated in Section 119.07(3)(i). Florida Statute | as. I further certify that the          |

am an officer or director of the corporation or the receiver or trustee empowered to execute this report is required by Chapter 617. Florida Statutes; and that my name appears in Block 12 or Byok 13 if changed, or on an attachment with an address.

Daytime Phone # 0014740