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Apr 10 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N13710** (1)

1. Corporation Name

**THE FOUNDATION FOR SEMINOLE COUNTY PUBLIC SCHOOL  
S, INC.**

Principal Place of Business

Mailing Address

% PAUL J. HAGERTY  
400 E. LAKE MARY BOULEVARD  
SANFORD FL 32773

% PAUL J. HAGERTY  
400 E. LAKE MARY BOULEVARD  
SANFORD FL 32773



3. Date Incorporated or Qualified

03/05/1986

4. FEI Number

59-2775956

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HAGERTY, PAUL J.  
400 E. LAKE MARY BLVD.  
SANFORD FL 32773

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE  
NAME HAGERTY, PAUL J.  
STREET ADDRESS 1211 MELLONVILLE AVENUE  
CITY-ST-ZIP SANFORD FL

1.1 TITLE D ☒ Change ☐ Addition  
1.2 NAME Hagerty, Paul J.  
1.3 STREET ADDRESS 400 E. Lake Mary Blvd.  
1.4 CITY-ST-ZIP Sanford, Florida 32773

TITLE CD ☒ DELETE  
NAME HERR, ANDRIA  
STREET ADDRESS 800 N. MAGNOLIA AVE., STE. 600  
CITY-ST-ZIP ORLANDO FL

2.1 TITLE CD ☒ Change ☐ Addition  
2.2 NAME Hulbert, Keith A.  
2.3 STREET ADDRESS 583 E. State Road 434  
2.4 CITY-ST-ZIP Longwood, Florida 32750

TITLE PD ☒ DELETE  
NAME HULBERT, KEITH  
STREET ADDRESS 583 EAST STATE RD. 434  
CITY-ST-ZIP LONGWOOD FL

3.1 TITLE PD ☒ Change ☐ Addition  
3.2 NAME Caldwell, Carlton  
3.3 STREET ADDRESS 12506 Lake Underhill Road  
3.4 CITY-ST-ZIP Orlando, Florida 32825

TITLE VD ☒ DELETE  
NAME PARKER, GAY  
STREET ADDRESS 404 W. 25TH STREET  
CITY-ST-ZIP SANFORD FL

4.1 TITLE VD ☒ Change ☐ Addition  
4.2 NAME Puthoff, Tim  
4.3 STREET ADDRESS 1401 W. Seminole Blvd.  
4.4 CITY-ST-ZIP Sanford, Florida 32771

TITLE S/D ☐ DELETE  
NAME ANDERSON, LAURIE  
STREET ADDRESS 11 S. BUMBAY  
CITY-ST-ZIP ORLANDO FL 32853

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE MD ☐ DELETE  
NAME SCHAFFNER, DEDE  
STREET ADDRESS 400 E. LAKE MARY BLVD.  
CITY-ST-ZIP SANFORD FL

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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:

*[Signature]*

4/2/98

(407) 646-8336

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