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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N13710

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

03/05/1986

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number  
59-2775956

Applied For  
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing ☐ \$5.00 May Be  
Trust Fund Contribution Added to Fees

24 Zip Country

29 Zip Country

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 400 E LAKE MARY BLVD  
CITY-ST-ZIP SANFORD FL 32773

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE CD ☒ DELETE  
NAME HULBERT, KEITH A  
STREET ADDRESS 583 E STATE RD 434  
CITY-ST-ZIP LONGWOOD FL 32750

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☒ Addition

TITLE PD ☐ DELETE  
NAME CALDWELL, CARLTON  
STREET ADDRESS 12506 LAKE UNDERHILL RD  
CITY-ST-ZIP ORLANDO FL 32825

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☒ Change ☐ Addition

TITLE VD ☒ DELETE  
NAME PUTHOFF, TIM  
STREET ADDRESS 1401 W SEMINOLE BLVD  
CITY-ST-ZIP SANFORD FL 32771

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☒ Addition

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

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

☒ Change ☐ Addition

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

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

☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/99

(407) 320-0176

CR2E037 (1/98)