

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13710

FILED
Jan 04, 2005
Secretary of State

Entity Name: THE FOUNDATION FOR SEMINOLE COUNTY PUBLIC SCHOOLS, INC.

Current Principal Place of Business:

%TINA CALDERONE, ED.D.
400 E. LAKE MARY BOULEVARD
SANFORD, FL 32773

New Principal Place of Business:

Current Mailing Address:

%TINA CALDERONE, ED.D.
400 E. LAKE MARY BOULEVARD
SANFORD, FL 32773

New Mailing Address:

FEI Number: 59-2775956

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CALDERONE, TINA L ED.D.
400 E. LAKE MARY BLVD.
SANFORD, FL 32773 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 () Delete
Name: VOGEL, BILL
Address: 400 E LAKE MARY BLVD
City-St-Zip: SANFORD, FL 32773

Title: D () Delete
Name: ANDERSON, LAURIE
Address: P O BOX 945255
City-St-Zip: MAITLAND, FL 327945255

Title: D () Delete
Name: BAIR, CRAIG
Address: 1401 W SEMINOLE BLVD
City-St-Zip: SANFORD, FL 32771

Title: CD () Delete
Name: ROUX, GERRY
Address: 460 E ALTAMONTE DRIVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: MD () Delete
Name: CALDERONE, TINA
Address: 400 E LAKE MARY BLVD.
City-St-Zip: SANFORD, FL 32773

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: HERR, ANDRIA
Address: 831 W. MORSE BLVD.
City-St-Zip: WINTER PARK, FL 32789

Title: D (X) Change () Addition
Name: MCCARTHY, NANCY
Address: 400 RINEHART RD.
City-St-Zip: LAKE MARY, FL 32746

Title: D (X) Change () Addition
Name: ROUX, GERRY
Address: 460 E ALTAMONTE DRIVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: TINA CALDERONE

MD

01/04/2005

Electronic Signature of Signing Officer or Director

Date