
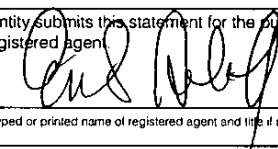

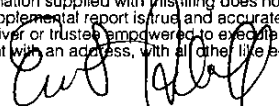


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2006 8:00 am**  
**Secretary of State**

04-14-2006 90131 013 \*\*\*\*61.25

|  |  |  |   |   |  |
|--|--|--|---|---|--|
| <b>DOCUMENT # N13710</b><br>1. Entity Name<br><b>THE FOUNDATION FOR SEMINOLE COUNTY PUBLIC SCHOOLS, INC.</b>   |  |  |   |  |  |
| Principal Place of Business<br>%TINA CALDERONE, ED.D.<br>400 E. LAKE MARY BOULEVARD<br>SANFORD, FL 32773   |  |  | Mailing Address<br>%TINA CALDERONE, ED.D.<br>400 E. LAKE MARY BOULEVARD<br>SANFORD, FL 32773  |   |  |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.<br><br>City & State<br><br>Zip      Country  |  |  | 3. Mailing Address<br><br>Suite, Apt. #, etc.<br><br>City & State<br><br>Zip      Country   |   |  |
| 4. FEI Number<br>59-2775956  |  |  | Applied For<br><input type="checkbox"/> Not Applicable  |   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  |  | \$8.75 Additional Fee Required  |   |  |
| 6. Name and Address of Current Registered Agent<br><br>CALDERONE, TINA L ED.D.<br>400 E. LAKE MARY BLVD.<br>SANFORD, FL 32773  |  |  | 7. Name and Address of New Registered Agent<br>Name <b>ERIC GEBOFF, MSW</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>400 E. LAKE MARY BLVD.</b><br>City <b>SANFORD</b> FL      Zip Code <b>32773</b> |   |  |
| 8. 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. I am familiar with, and accept the obligations of registered agent.  |  |  |   |   |  |
| SIGNATURE  DATE   |  |  |   |   |  |
| <b>Filing Fee is \$61.25</b><br><b>Due by May 1, 2006</b>  |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |   | <b>\$5.00 May Be Added to Fees</b>  |  |
| <b>Make check payable to Florida Department of State</b>   |  |  |   |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |  |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>VOGEL, BILL<br>400 E LAKE MARY BLVD<br>SANFORD, FL 32773            | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>SANDY CHACE<br>950 MARKET PROMENADE AVE., #2200<br>LAKE MARY, FL 32746       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>HERR, ANDRIA<br>831 W. MORSE BLVD.<br>WINTER PARK, FL 32789         | <input checked="" type="checkbox"/> Delete                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>SEAN BARTH<br>4055 ST. JOHNS PARKWAY<br>SANFORD, FL 32771                    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>MCCARTHY, NANCY<br>400 RINEHART RD.<br>LAKE MARY, FL 32746          | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>GARY KREISLER<br>2101 PARK CENTER DRIVE, STE. #150<br>ORLANDO, FL 32835      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>ROUX, GERRY<br>460 E ALTAMONTE DRIVE<br>ALTAMONTE SPRINGS, FL 32701 | <input checked="" type="checkbox"/> Delete                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MD<br>ERIC GEBOFF<br>400 E. LAKE MARY BLVD.<br>SANFORD, FL 32773                  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MD<br>CALDERONE, TINA<br>400 E LAKE MARY BLVD.<br>SANFORD, FL 32773      | <input checked="" type="checkbox"/> Delete                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | (Empty)   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | (Empty)  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | (Empty)   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |  |  |   |   |  |
| <b>SIGNATURE:</b>   |  |  | 4/14/06      407-320-0180   |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |  |  | Date      Daytime Phone #   |   |  |

40048244



04112006 Chg-NP CR2E037 (11/05)