


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 13 1998 8:00am
Secretary of State

NON-PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N16123 (4) 1. Corporation Name SOUTHEAST SEMINOLE COUNTY VOTERS' ASSOCIATION, INC.					
Principal Place of Business C/O GRETA A. BARNCORD PO BOX 518 CHULUOTA FL 32766			Mailing Address C/O GRETA A. BARNCORD PO BOX 518 CHULUOTA FL 32766		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 07/21/1986 4. FEI Number 59-2724717 Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		9. Name and Address of Current Registered Agent BARNCORD, GRETA A. 114 7TH STREET CHULUOTA FL 32766			
10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL		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 _____ (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS					
TITLE	DP	<input type="checkbox"/> DELETE			
NAME	BECK, JAMES				
STREET ADDRESS	784 MILLSHORE DRIVE				
CITY-ST-ZIP	CHULUOTA FL				
TITLE	DV	<input checked="" type="checkbox"/> DELETE			
NAME	FRANK, CHRIS				
STREET ADDRESS	801 MILLSHORE DR.				
CITY-ST-ZIP	CHULUOTA FL 32766				
TITLE	DS	<input checked="" type="checkbox"/> DELETE			
NAME	LONG, BETTY				
STREET ADDRESS	330 GOLFVIEW DR				
CITY-ST-ZIP	CHULUOTA FL				
TITLE	DT	<input checked="" type="checkbox"/> DELETE			
NAME	SALZMANN, FRANK				
STREET ADDRESS	480 LAKE DR				
CITY-ST-ZIP	CHULUOTA FL				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	FREEMAN, FRANCINE				
STREET ADDRESS	916 SNOW QUEEN DR				
CITY-ST-ZIP	CHULUOTA FL				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
2.2 NAME	DR RALPH PHILLIPS				
2.3 STREET ADDRESS	344 GOLFVIEW DR.				
2.4 CITY-ST-ZIP	CHULUOTA FL 32766				
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
3.2 NAME	DR ROSALYN JONES				
3.3 STREET ADDRESS	421 E. SIXTH ST.				
3.4 CITY-ST-ZIP	CHULUOTA, FL 32766				
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
4.2 NAME	DR MARGARET ESTIS				
4.3 STREET ADDRESS	1000 BRUMLEY RD.				
4.4 CITY-ST-ZIP	CHULUOTA, FL 32766				
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: _____

JAMES K. BECK 4/1/98 (401) 365-9049

CR2E037 (10/97)