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Mar 31, 1999 8:00 am
Secretary of State

03-31-1999 90052 042 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N16123					
1. Corporation Name SOUTHEAST SEMINOLE COUNTY VOTERS' ASSOCIATION, I NC.					
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		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		07/21/1986	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2724717	
24 Country		29 Country		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
BARNCORD, GRETA A. 114 7TH STREET CHULUOTA FL 32766				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

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	DP	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	DP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BECK, JAMES			1.2 NAME	LINDA MASTERS		
STREET ADDRESS	784 MILLSHORE DRIVE			1.3 STREET ADDRESS	704 RIVERWOODS TR.		
CITY-ST-ZIP	CHULUOTA FL			1.4 CITY-ST-ZIP	CHULUOTA, FL 32766		
TITLE	DV	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PHILLIPS, RALPH			2.2 NAME	RITA FUSTON		
STREET ADDRESS	344 GOLFVIEW DR			2.3 STREET ADDRESS	400 E. FOURTH ST.		
CITY-ST-ZIP	CHULUOTA FL 32766			2.4 CITY-ST-ZIP	CHULUOTA, FL 32766		
TITLE	DS	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JONES, ROSALYN			3.2 NAME	ROSALYN JONES		
STREET ADDRESS	421 E SIXTH ST			3.3 STREET ADDRESS	421 E. SIXTH ST.		
CITY-ST-ZIP	CHULUOTA FL 32766			3.4 CITY-ST-ZIP	CHULUOTA FL 32766		
TITLE	DT	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MARGARET, ESTIS			4.2 NAME			
STREET ADDRESS	1000 BRUMLEY RD			4.3 STREET ADDRESS			
CITY-ST-ZIP	CHULUOTA FL 32766			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FREEMAN, FRANCINE			5.2 NAME			
STREET ADDRESS	916 SNOW QUEEN DR			5.3 STREET ADDRESS			
CITY-ST-ZIP	CHULUOTA FL			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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, with all other like empowered.

SIGNATURE: *Margaret H. Estis* **SIGNATURE REQUIRED** *MARGARET H. ESTIS* 3/24/99 407-365-5249
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #