2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # N16123

1. Entity Name
SOUTHEAST SEMINOLE COUNTY VOTERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
PO BOX 660065 OVIEDO, FL 32766	PO BOX 660065 OVIEDO, FL 32766

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01282004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-2724717
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SCHAFEL, DEBORAH
1740 BRUMLEY RD
CHULUOTA, FL 32766

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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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DS
NAME	FUSTON, RITA
STREET ADDRESS	400 E. FOURTH STREET
CITY-ST-ZIP	CHULOTA, FL 32766
TITLE	DP
NAME	SCHAFER, DEBORAH
STREET ADDRESS	1740 BRUMLEY ROAD
CITY-ST-ZIP	CHULOTA, FL 32766
TITLE	DRS
NAME	DIAB, DARLA
STREET ADDRESS	1623 WARNER DRIVE
CITY-ST-ZIP	OVIEDO, FL 32766
TITLE	DT
NAME	HURWITCH, ESTELLE
STREET ADDRESS	551 WHITE TAIL TRL
CITY-ST-ZIP	CHULUOTA, FL 32766
TITLE	DV
NAME	STEVENS, STANLEY
STREET ADDRESS	377 RIVERWOODS TR
CITY-ST-ZIP	CHULOTA, FL 32766
TITLE	D
NAME	CAPSTRAW, RONALD
STREET ADDRESS	1421 BOB WHITE TRAIL
CITY-ST-ZIP	CHULUOTA, FL 32766

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02/04/04-80035-013 61.25

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12. 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 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.

SIGNATURE: Darla Diab - Darla Diab 1/29/04 (407) 415-5899
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #