


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90263 039 ****61.25

DOCUMENT # N93000000673 1. Entity Name SEMINOLE VOLUNTEER ENTERPRISES, INC.					
Principal Place of Business 407 W FOURTH ST SANFORD, FL 32771 US			Mailing Address 407 W FOURTH ST SANFORD, FL 32771 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent METTS, JEAN 407 WEST FOURTH STREET. SANFORD, FL 32771				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ FL Zip Code _____	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P QUINTANA, IRENE 400 AIRPORT BLVD SANFORD, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete PO Robert A. Bell 3355 Balsam Dr. Winter Park, FL 32792	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BELL, ROBERTA A 3355 BALSAM DR WINTER PARK, FL 32792		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete OV Gretchen Venn 1101 E. FIRST ST. SANFORD, FL 32711	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ALFORD, JAMES E 106 HIDDEN LAKE DR LONGWOOD, FL 32779		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete 	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RAY, DEAN 17-92 @ 4TH ST SANFORD, FL 32771		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete 	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARRIS, ALGERINA B 100 OREGAN AVELK LAKE MONROE, FL 32747		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete 	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRIETT, STEVE U 211 BUSH BLVD SANFORD, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete 	
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: Robert A. Bell Pres <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Robert A. Bell <small>Date</small>		
			4/26/05 <small>Daytime Phone #</small>		
			407/322-1520 <small>Daytime Phone #</small>		