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NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000001311 (0)

1. Corporation Name

THE SEMINOLE COUNTY LA SERTOMA, INC.



Principal Place of Business

2020 PRESCOTT BLVD.
DELTONA FL 32738

Mailing Address

336 ASHFORD COURT
HEATHROW FL 32746
-06

109 Starling Ln
Longwood, FL
32779

3. Date Incorporated or Qualified

03/23/1993

3a. Date of Last Report

01/26/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

32779

30

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CABLE, JOYCE
2020 PRESCOTT BLVD.
DELTONA FL 32738

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Joyce Cable

(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 D
NAME CABLE, JOYCE
STREET ADDRESS 2020 PRESCOTT DRIVE
CITY-ST-ZIP DELTONA FL 32738

1.1 TITLE D
1.2 NAME Cynthia Miller
1.3 STREET ADDRESS 220 E Trade Winds Rd.
1.4 CITY-ST-ZIP Winter Springs, FL 32708

TITLE D
NAME SCIUTO, MARY
STREET ADDRESS 336 ASHFORD COURT
CITY-ST-ZIP HEATHROW FL 32746

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D
NAME ARMSTRONG, MARILYN
STREET ADDRESS 109 STARLING LANE
CITY-ST-ZIP LONGWOOD FL 32779

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Marilyn F. Armstrong

3/19/96

(409)

774-0428

CR2E037 (12/95)