2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2008 8:00 am
Secretary of State
04-09-2008 90021 045 ****70.00

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1. Entity Name
SEMINOLE CULTURAL ARTS COUNCIL, INC.

4006248U

Principal Place of Business	Mailing Address
THE ART HOUSE 127 QUAIL POND CIRCLE CASSELBERRY, FL 32707	P.O BOX 180086 CASSELBERRY, FL 32718

03102008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3312429 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HOMAYSSI, RUBY 831 CARMERGO WAY #211 ALTAMONTE SPRINGS, FL 32714	Name: Townsend, Kathryn Street Address (P.O. Box Number is Not Acceptable): 100 N. Bush Blvd City: Sanford FL Zip Code: 32773

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: Ruby Homayssi K Townsend 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, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	PD HOMEYSSI, RUBY 831 CARMERGO WAY #211 ALTAMONTE SPRINGS, FL 32714	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition PD Gymes, Nell 127 Quail Pond Cr. Casselberry, FL 32707
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP TOWNSEND, KATHREEN 100 N. BUSH BLVD SANFORD, FL 32773	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition P Townsend, Kathryn 100 N. Bush Blvd. Sanford, FL 32773
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MOORE, LINDA 125 EAST MELODY LANE CASSELBERRY, FL 32707	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Andrews, Mary Lou 1962 Crystal Downs Ct. Oviedo, FL 32765 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPT ADAMS, WIN 105 SPRINGWOOD PLACE ALTAMONTE SPRINGS, FL 32714	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD Reynolds, Linda 725 Primera Blvd. Lake Mary, FL 32746 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COFFMAN, PAM 624 A JESSIE AVE OVIEDO, FL 32765	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Nelson, Steven 3911 Dawn Ct Lake Mary, FL 32746 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BD GRIMES, KATHY 303 E. ALTAMONTE DR. ALTAMONTE SPRINGS, FL 32701	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Grimes, Kathy 303 E. Altamonte Dr. Altamonte Springs, FL 32701 ☒ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: K Townsend 4-1-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #