

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005121

FILED  
Jan 08, 2012  
Secretary of State

**Entity Name:** SEMINOLE CULTURAL ARTS COUNCIL, INC.

**Current Principal Place of Business:**

230 FIRST STREET  
SANFORD, FL 32771

**New Principal Place of Business:**

**Current Mailing Address:**

P.O BOX 180086  
CASSELBERRY, FL 32718

**New Mailing Address:**

P.O BOX 28  
SANFORD, FL 32771

**FEI Number:** 59-3312429

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NELSON, STEVEN L  
3411 DAWN COURT  
LAKE MARY, FL 32746 US

**Name and Address of New Registered Agent:**

TOWNSEND, KATHRYN J  
444 TIMBERWOOD TRL  
OVIEDO, FL 3276 US

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.

SIGNATURE: KATHRYN TOWNSEND

01/08/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: TOWNSEND, KATHRYN J  
Address: 444 TIMBERWOOD TRL  
City-St-Zip: OVIEDO, FL 32765

Title: SD  
Name: STRASSMAN, TONI  
Address: 615 ESTATES PLACE  
City-St-Zip: LONGWOOD, FL 32779

Title: TD  
Name: WINESBURGH, BEVERLY  
Address: 978 DOUGLAS AVE., STE. 100  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: VP  
Name: ERNST, WILLIAM  
Address: 2210 SRINGS LANDING BLVD  
City-St-Zip: LONGWOOD, FL 32779

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KATHRYN TOWNSEND

PRES

01/08/2012

Electronic Signature of Signing Officer or Director

Date