

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2008 8:00 am
Secretary of State

02-27-2008 90013 047 ****61.25

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1. Entity Name

THE LAKE SEMINOLE SQUARE SCHOLARSHIP FUND, INC.



Principal Place of Business

**8333 SEMINOLE BLVD
APT 125 C
SEMINOLE FL 33772-4363**

Mailing Address

**8333 SEMINOLE BLVD
APT 125 C
SEMINOLE FL 33772-4363**



2. Principal Place of Business - No P.O. Box #

ABOVE

3. Mailing Address

ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E037 (10/07)

City & State

City & State

4. FEI Number

65-0668965

Applied For

No: Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MENTZER, ROBERT E
8333 SEMINOLE BLVD
#125 C
SEMINOLE FL 33772-4355**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW: 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

TITLE **DAT** ☐ Delete
NAME **MUTH, RICHARD**
STREET ADDRESS **8333 SEMINOLE BLVD 625C**
CITY-STATE-ZIP **SEMINOLE FL 33772**

TITLE **D** ☒ Delete
NAME **MCCORMICK, ANITA**
STREET ADDRESS **8333 SEMINOLE BLVD 614C**
CITY-STATE-ZIP **SEMINOLE FL 33772**

TITLE **DCS** ☐ Delete
NAME **BORGEN, KATY**
STREET ADDRESS **8333 SEMINOLE BLVD, 624 C**
CITY-STATE-ZIP **SEMINOLE FL 33772**

TITLE **D** ☐ Delete
NAME **AKERS, RICHARD**
STREET ADDRESS **8333 SEMINOLE BLVD. 639D**
CITY-STATE-ZIP **SEMINOLE FL 33772**

TITLE **D** ☐ Delete
NAME **KNESEL, ALMA**
STREET ADDRESS **8333 SEMINOLE BLVD 621C**
CITY-STATE-ZIP **SEMINOLE FL 33772**

TITLE **PD** ☐ Delete
NAME **BLANSHARD, PRISCILLA**
STREET ADDRESS **8333 SEMINOLE BLVD 439D**
CITY-STATE-ZIP **SEMINOLE FL 33772**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☒ Addition
NAME **ROBERT SACKETT**
STREET ADDRESS **8333 SEMINOLE BLVD, APT. 451E**
CITY-STATE-ZIP **SEMINOLE, FL. 33772**

TITLE **D** ☐ Change ☒ Addition
NAME **DWIGHT MCCORMICK**
STREET ADDRESS **8333 SEMINOLE BLVD, APT. 564 F**
CITY-STATE-ZIP **SEMINOLE, FL. 33772**

TITLE **RS** ☐ Change ☒ Addition
NAME **RUTH HEINTZ**
STREET ADDRESS **8333 SEMINOLE BLVD, APT. 406B**
CITY-STATE-ZIP **SEMINOLE, FL. 33772**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Robert E Mentzer **ROBERT E MENTZER**

TREASURER + PIERCE
2/20/08