

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 11, 2004 08:00 AM
Secretary of State

DOCUMENT # N97000005468

1. Entity Name
SEMINARY LANE RESIDENTS COUNCIL, INC.



Principal Place of Business
**1019 N.W. 5TH AVENUE
GAINESVILLE, FL 32601**

Mailing Address
**POST OFFICE BOX 1544
GAINESVILLE, FL 32602**



04292004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3473982

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**SCOTT, FRANKIE Y
1119 NW 5TH AVE
PO BOX 1544
GAINESVILLE, FL 32601**

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**U00000159757
05/11/04-80001-009 61.25**

10. OFFICERS AND DIRECTORS

TITLE	TD
NAME	BAKER, DORIS
STREET ADDRESS	427 N W 12TH STREET
CITY-ST-ZIP	GAINESVILLE, FL 32601
TITLE	SD
NAME	BRYANT, CALVIN
STREET ADDRESS	1226 N W 5TH AVENUE
CITY-ST-ZIP	GAINESVILLE, FL 32601
TITLE	D
NAME	SCOTT, FRANKIE Y
STREET ADDRESS	1119 NW 5TH AVE
CITY-ST-ZIP	GAINESVILLE, FL 32601
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/7/04 352-3384435