

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 11, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90459 024 \*\*\*\*61.25

DOCUMENT # N97000006306

1. Entity Name  
GREATER SEMINOLE AREA SMALL BUSINESS  
EDUCATION FOUNDATION, INC.



Principal Place of Business  
8400 113TH STREET NORTH  
SEMINOLE, FL 33772

Mailing Address  
8400 113TH STREET NORTH  
SEMINOLE, FL 33772

**DO NOT WRITE IN THIS SPACE**



01112006 No Chg-NP CR2E037 (11/05)

4. FEI Number  
59-3596583

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

JOHNSON, JAMES G  
8400 113TH STREET  
SEMINOLE, FL 33772

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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

*James G. Johnson* 5/8/06  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

Filing Fee is \$81.25  
Due by May 1, 2006

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	DT
NAME	VARDY, HAROLD C
STREET ADDRESS	7122 SEMINOLE BLVD.
CITY-STATE-ZIP	SEMINOLE, FL 33772
TITLE	D
NAME	WILLIAMS, ROBIN
STREET ADDRESS	9808 ASHLEY DRIVE
CITY-STATE-ZIP	SEMINOLE, FL 33772
TITLE	DP
NAME	WATKINS, JOHN
STREET ADDRESS	11759 96TH PLACE
CITY-STATE-ZIP	SEMINOLE, FL 33772
TITLE	V
NAME	BLOCK, CHARLES H
STREET ADDRESS	17383 KENNEDY DR.
CITY-STATE-ZIP	ST. PETERSBURG, FL 33708
TITLE	D
NAME	OLLIVER, JAMES
STREET ADDRESS	8580 68TH STREET NORTH
CITY-STATE-ZIP	PINELLAS PARK, FL 33665
TITLE	DS
NAME	CATON, RICHARD P
STREET ADDRESS	7843 SEMINOLE BLVD.
CITY-STATE-ZIP	SEMINOLE, FL 33772

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IN THIS SPACE**

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:

*James G. Johnson - Executive Director*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 5/8/06 Daytime Phone #