

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 16, 2007 8:00 am**  
**Secretary of State**

01-16-2007 90208 047 \*\*\*\*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**

**60001128**



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

01082007 Chg-NP CR2E037 (12/06)

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

## 7. Name and Address of New Registered Agent

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

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

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

*Executive Director*

(NOTE: Registered Agent signature required when reinstating)

*1/7/07*

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

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 **DT** ☐ Delete  
NAME **VARDY, HAROLD C**  
STREET ADDRESS **7122 SEMINOLE BLVD.**  
CITY-ST-ZIP **SEMINOLE, FL 33772**

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

TITLE **D** ☐ Delete  
NAME **WILLIAMS, ROBIN**  
STREET ADDRESS **9808 ASHLEY DRIVE**  
CITY-ST-ZIP **SEMINOLE, FL 33772**

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

TITLE **DP** ☐ Delete  
NAME **WATKINS, JOHN**  
STREET ADDRESS **11759 96TH PLACE**  
CITY-ST-ZIP **SEMINOLE, FL 33772**

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

TITLE **V** ☐ Delete  
NAME **BLOCK, CHARLES H**  
STREET ADDRESS **17383 KENNEDY DR.**  
CITY-ST-ZIP **ST. PETERSBURG, FL 33708**

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

TITLE **D** ☐ Delete  
NAME **OLLIVER, JAMES**  
STREET ADDRESS **8580 66TH STREET NORTH**  
CITY-ST-ZIP **PINELLAS PARK, FL 33665**

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

TITLE **DS** ☐ Delete  
NAME **CATON, RICHARD P**  
STREET ADDRESS **7843 SEMINOLE BLVD.**  
CITY-ST-ZIP **SEMINOLE, FL 33772**

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

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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*1-7-07*

*737-392-3245*