

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000007314

FILED  
Apr 16, 2012  
Secretary of State

**Entity Name:** SEMINOLE ALUMNI FOUNDATION, INC.

**Current Principal Place of Business:**

501 BLAIRSTONE ROAD  
424  
TALLAHASSEE, FL 32301

**New Principal Place of Business:**

**Current Mailing Address:**

501 BLAIRSTONE ROAD  
424  
TALLAHASSEE, FL 32301

**New Mailing Address:**

**FEI Number:** 22-1281800

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KLEIN, SPENCER M  
501 BLAIRSTONE ROAD  
424  
TALLAHASSEE, FL 32301 US

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

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: KLEIN, SPENCER  
Address: 501 BLAIRSTONE ROAD  
City-St-Zip: TALLAHASSEE, FL 32301

Title: VP  
Name: WILLIAMS, ROBB  
Address: 499 KIWI ST.  
City-St-Zip: TARPON SPRINGS, FL 34689

Title: T  
Name: MCHALE, MICHAEL P  
Address: 3521 CLIFDEN DR.  
City-St-Zip: TALLAHASSEE, FL 32309

Title: S  
Name: BUSH, ERIC  
Address: 5375 CRANFORD CT.  
City-St-Zip: TALLAHASSEE, FL 32303

Title: S  
Name: TYREE, PHILLIP C  
Address: 93 ABACUS AVE  
City-St-Zip: ORMOND BEACH, FL 32174

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: PHIL TYREE

S

04/16/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date