

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 12, 2007 8:00 am**  
**Secretary of State**

04-12-2007 90048 018 \*\*\*\*61.25



**DOCUMENT # N40698**

1. Entity Name

**SEMINOLE HIGH SCHOOL COMMUNITY AND STUDENT ACTION COMMITTEE, INC.**

Principal Place of Business

Mailing Address

770 BANANA LAKE RD  
 LAKE MARY FL 32746  
 US

770 BANANA LAKE RD  
 LAKE MARY FL 32746  
 US



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

4. FEI Number

59-3014412

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

1st MOORE

CR2E037 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HIGGINS, WILLIAM M.  
 1770 EDWIN BLVD  
 WINTER PARK FL 32789

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 reinstating)

DATE

**FILE NOW: 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: D  Delete  
 NAME: HIGGINS, WILLIAM M  
 STREET ADDRESS: 1770 EDWIN BLVD  
 CITY-ST-ZIP: WINTER PARK FL 32789

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

TITLE: CD  Delete  
 NAME: WELLS, TOBY  
 STREET ADDRESS: P.O. BOX 1334 N/A  
 CITY-ST-ZIP: SANFORD FL 32772

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

TITLE: DT  Delete  
 NAME: SPRINGFIELD, JANICE R  
 STREET ADDRESS: 770 BANANA LAKE RD  
 CITY-ST-ZIP: LAKE MARY FL

TITLE:  Change  Addition  
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 CITY-ST-ZIP:  Change  Addition

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 STREET ADDRESS:  Change  Addition  
 CITY-ST-ZIP:  Change  Addition

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:

*Janice R Springfield* TREAS

3.30.07

407-333-2430

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Domestic Phone #