### 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. TREASURER

SIGNATURE: JOSEPH BREEN

Electronic Signature of Signing Officer/Director Detail

OFFICER BREEN, JOSEPH 210 CROSSGATE STREET

City-State-Zip:	STARKSVILLE MS 39762	
Title	PRESIDENT	
Name	HALL, JEREMY	
Address	ddress 1005 LINDEN STREET	
City-State-Zip:	RICHMOND KY 40476	

#### **Officer/Director Detail :** Title

Name

Address

MIAMI, FL 33155 US

Name and Address of Current Registered Agent:	
BOBES, STEVEN	
1624 SW 83 AVENUE	

# 210 CROSSGATE STREET

# N

## FEI Number: 59-2639543

# **Current Principal Place of Business:**

ADMINISTRATION, INC.

210 CROSSGATE STREET STARKVILLE, MS 39762

# **Current Mailing Address:**

STARKVILLE, MS 39759 US

#### 2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT# 744271

Entity Name: SOUTHEASTERN CONFERENCE FOR PUBLIC

### FILED May 25, 2022 Secretary of State 3094822188CC

Certificate of Status Desired: Yes

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

Title	OFFICER
Name	STREAMS, MEGAN
Address	1610 SHARPE AVENUE
City-State-Zip:	NASHVILLE TN 37206

Date

Date

05/25/2022