## 2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13710

Entity Name: THE FOUNDATION FOR SEMINOLE COUNTY PUBLIC

SCHOOLS, INC.

**Current Principal Place of Business:** 

400 E. LAKE MARY BOULEVARD SANFORD, FL 32773

**Current Mailing Address:** 

400 E. LAKE MARY BOULEVARD SANFORD, FL 32773

FEI Number: 59-2775956 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MOSS, DAVIA MRS 400 E LAKE MARY BLVD SANFORD, FL 32773 US

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

**FILED** Jan 13, 2017

Secretary of State

CC0056410250

Officer/Director Detail:

Title **EXECUTIVE DIRECTOR** Title VP OF DEVELOPMENT Name MOSS, DAVIA D Name RITENOUR, HEATH

Address 400 E LAKE MARY BLVD INSURANCE OFFICE OF AMERICA Address

1855 WEST S.R. 434

CHAIR-ELECT

LAKE MARY FL 32773 City-State-Zip: City-State-Zip: LONGWOOD FL 32750

Title VP OF FINANCE

Name SPRIGGS, LISA DURSO, JOE Name

Address SEMINOLE COUNTY SHERRIF'S Address CBC OF CENTRAL FLORIDA

**OFFICE** 

117 E. LAKE MARY BLVD. 1101 1ST STREET

Title

SANFORD FL 32773 SANFORD FL 32771 City-State-Zip: City-State-Zip:

Title VP OF PROGRAMS Title **CHAIRMAN** Name DUSCH, SUZANNE **BUCHANAN, PATRICK** Name

CFE FEDERAL CREDIT UNION Address PRIVATE WEALTH MANAGEMENT OF Address 1000 PRIMERA BLVD.

**HEATHROW** 

1540 INTERNATIONAL PARKWAY City-State-Zip: LAKE MARY FL 32746

**SUITE 3030** 

City-State-Zip: HEATHROW FL 32746 Title **SECRETARY** 

Name BERMAN, CARY Title IMMEDIATE PAST CHAIRMAN

NATIONAL BANK OF COMMERCE Address CIPPARONE, PAUL Name

425 US HWY 17-92

CIPPARONE AND CIPPARONE, P.A. City-State-Zip: LONGWOOD FL 32750 1525 INTERNATIONAL PARKWAY

**SUITE 1071** 

LAKE MARY FL 32746 City-State-Zip:

Address

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: DAVIA MOSS EXECUTIVE DIRECTOR 01/13/2017

Electronic Signature of Signing Officer/Director Detail

Date