

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**

**Jan 12, 2024**

**Secretary of State  
5676685001CC**

DOCUMENT# N40698

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

**Current Principal Place of Business:**

505 QUAIL DOWN DR.  
DEBARY, FL 32713-4506

**Current Mailing Address:**

505 QUAIL DOWN DR.  
DEBARY, FL 32713-4506 US

**FEI Number: 59-3014412**

**Certificate of Status Desired: No**

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

HIGGINS, WILLIAM M.  
1340 N. ATLANTIC AVE  
NEW SMYRNA BEACH, FL 32169 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

**Officer/Director Detail :**

Title D  
Name HIGGINS, WILLIAM M  
Address 1340 N. ATLANTIC AVE  
City-State-Zip: NEW SMYRNA BEACH FL 32169

Title CFO  
Name NOELL, PEGGY  
Address 505 QUAIL DOWN DR.  
City-State-Zip: DEBARY FL 32713-4506

Title OFFICER  
Name TURNER, CHRISTY RUTH  
Address 2342 LIONS PAW COURT  
City-State-Zip: GRAND JUNCTION CO 81507

Title OFFICER  
Name SPRINGFIELD, JANICE  
Address 770 BANANA LAKE DR.  
City-State-Zip: LAKE MARY FL 32746

Title OFFICER  
Name ZAMPINI, FRANCINE  
Address 1614 CHERRY BLOSSOM TERRACE  
City-State-Zip: LAKE MARY FL 32746

Title OFFICER  
Name PAYNE, WILLIAM  
Address 1312 OLD VILLAGE RD.  
City-State-Zip: TALLAHASSEE FL 32312

Title OFFICER  
Name RISNER, RONALD  
Address 3400 S. OCEAN BLVD  
5B1  
City-State-Zip: PALM BEACH FL 33480

Title OFFICER  
Name WILLIAMSON, KAY C.  
Address 1607 CHERRY BLOSSOM TERRACE  
City-State-Zip: LAKE MARY FL 32746

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*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: PEGGY NOELL**

**CFO**

**01/12/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title MEMBERSHIP DIRECTOR  
Name COLLINS, BONNIE CAOLO  
Address 6910 WESLEY HUGHES RD.  
City-State-Zip: CUMMING GA 30040