

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40698

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

FILED
Jan 04, 2019
Secretary of State
CC4558941562

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.
453 CAROLINA
WINTER PARK, FL 32789 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 453 CAROLINA
City-State-Zip: WINTER PARK FL 32789

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

Title OFFICER
Name TURNER, CHRISTY RUTH
Address 51 W. 81ST ST.,
APT 2CD
City-State-Zip: NEW YORK NY 10024

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 SCOTT, DAVID B
Address 720 GLADWIN AVE
City-State-Zip: FERN PARK FL 32730

Title OFFICER
Name MOHR, SUE
Address 417 VALENCIA CT.
City-State-Zip: LONGWOOD FL 32750

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

01/04/2019

Electronic Signature of Signing Officer/Director Detail

Date