

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15000011136

Entity Name: PERFORMING ARTS CLUB OF S.C.C., INC.**Current Principal Place of Business:**2203 N CREEK CT.
SUN CITY CENTER, FL 33573**Current Mailing Address:**2203 N CREEK CT.
SUN CITY CENTER, FL 33573**FEI Number: 51-0485081****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**BROWN, JUDITH
1325 MISTY GREENS DR.
SUN CITY CENTER, FL 33573 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: JUDITH BROWN****01/12/2016**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PD
Name	RESSEGUIE, LEWIS D
Address	2203 N CREEK CT.
City-State-Zip:	SUN CITY CENTER FL 33573

Title	SD
Name	BRTVA, BARBARA
Address	2203 N CREEK CT.
City-State-Zip:	SUN CITY CENTER FL 33573

Title	TD
Name	BROWN, JUDITH
Address	2203 N CREEK CT.
City-State-Zip:	SUN CITY CENTER FL 33573

Title	VD
Name	KLEINSCHMIDT, ELLEN
Address	2203 N CREEK CT.
City-State-Zip:	SUN CITY CENTER FL 33573

Title	D
Name	CHURCHILL, DONALD
Address	2203 N CREEK CT.
City-State-Zip:	SUN CITY CENTER FL 33573

Title	D
Name	SMITH, JAMES
Address	2203 N CREEK CT.
City-State-Zip:	SUN CITY CENTER FL 33573

Title	D
Name	LAURENT, CARLYN
Address	2203 N CREEK CT.
City-State-Zip:	SUN CITY CENTER FL 33573

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: JUDITH BROWN**REGISTERED AGENT****01/12/2016**

Electronic Signature of Signing Officer/Director Detail

Date