

2017 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 NORTH CREEK CT
SUN CITY CENTER, FL 33573**Current Mailing Address:**1325 MISTY GREENS DRIVE
SUN CITY CENTER, FL 33573 US**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

02/15/2017

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 A BROWN**TREASURER**

02/15/2017

Electronic Signature of Signing Officer/Director Detail

Date