



# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90287 007 \*\*\*\*61.25

<b>DOCUMENT # 739555</b> 1. Entity Name <b>S.C.A., INC.</b>					
Principal Place of Business <b>2700 CORAL SPRINGS DRIVE #114</b> <b>CORAL SPRINGS FL 33065</b> <b>US</b>			Mailing Address <b>2700 CORAL SPRINGS DRIVE #114</b> <b>CORAL SPRINGS FL 33065</b> <b>US</b>		
2. Principal Place of Business  Suite, Apt. #, etc. <b>111</b>  City & State		3. Mailing Address  Suite, Apt. #, etc. <b>111</b>  City & State			
Zip Country <b>USA</b>		Zip Country <b>USA</b>		4. FEI Number <b>59-1876569</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent  <b>FENTON, JOHN G</b> <b>2700 CORAL SPRINGS DRIVE #114</b> <b>CORAL SPRINGS FL 33065</b>					
7. Name and Address of New Registered Agent Name <b>Linda Schaefer</b> Street Address (P.O. Box Number is Not Acceptable) <b>2700 Coral Springs Drive</b> <b>Unit #111</b> City <b>Coral Springs</b> <b>FL</b> Zip Code <b>33065</b>					
8. 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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE <u><b>Linda Schaefer</b></u> DATE <b>4/8/04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make Check Payable to</b> <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE <b>PD</b> <input checked="" type="checkbox"/> Delete NAME <b>HUDSON, JOHN R</b> STREET ADDRESS <b>2700 CORAL SPRINGS DR. #306</b> CITY-ST-ZIP <b>CORAL SPRINGS FL</b>			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <b>VP</b> <input type="checkbox"/> Delete NAME <b>SCHAEFER, LINDA M</b> STREET ADDRESS <b>2700 CORAL SPRINGS DR. #111</b> CITY-ST-ZIP <b>CORAL SPRINGS FL</b>			TITLE <b>President/Treasurer</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <b>TD</b> <input checked="" type="checkbox"/> Delete NAME <b>FENTON, JOHN G</b> STREET ADDRESS <b>2700 CORAL SPRINGS DRIVE #114</b> CITY-ST-ZIP <b>CORAL SPRINGS FL</b>			TITLE <b>Vice President</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME <b>Marci Katz</b> STREET ADDRESS <b>2700 Coral Springs Dr #113</b> CITY-ST-ZIP <b>Coral Springs FL 33065</b>		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with an other like empowered.					
SIGNATURE: <u><b>Linda Schaefer</b></u> <b>Linda Schaefer</b> <b>4/8/04</b> <b>954-796-0021</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					