

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N16055

1. Entity Name
SHOPPING CENTERS POLITICAL ACTION COMMITTEE,
INC.



Principal Place of Business
311 E PARK AVENUE
TALLAHASSEE, FL 32301-7736

Mailing Address
311 E PARK AVENUE
TALLAHASSEE, FL 32301-7736

FILED

04 MAY -3 AM 7:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01292004 No Chg-NP CR2E037 (10/03)

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| | |
|--|-------------------------------|
| 4. FEI Number 59-2781238 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

MYERS, JULIE S
311 E PARK AVENUE
TALLAHASSEE, FL 32312

**DO NOT WRITE
IN THIS SPACE**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD LECKY, JAMES 311 E. PARK AVENUE TALLAHASSEE, FL 32301 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T MYERS, JULIE 311 EAST PARK AVE. TALLAHASSEE, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD RIVERA OSCAR 311 E. PARK AVENUE TALLAHASSEE, FL 32301 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD BLASI, PATRICIA 311 EPARK AVE TALLAHASSEE, FL 32301 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SEC KESSEL, GREGORY 311 E. PARK AVENUE TALLAHASSEE, FL 32301 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD MURPHY, SUE 311 E. PARK AVENUE TALLAHASSEE, FL 32301 |

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IN THIS SPACE**

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 all other like empowered.

SIGNATURE: Julie S Myers JULIE SMYERS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #