

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 23, 2007 08:00 A
Secretary of State

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**



03202007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2781238	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" 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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	LECKY, JAMES
STREET ADDRESS	311 E. PARK AVENUE
CITY-ST-ZIP	TALLAHASSEE, FL 32301

TITLE	T
NAME	MYERS, JULIE
STREET ADDRESS	311 EAST PARK AVE.
CITY-ST-ZIP	TALLAHASSEE, FL

TITLE	PD
NAME	RIVERA OSCAR
STREET ADDRESS	311 E. PARK AVENUE
CITY-ST-ZIP	TALLAHASSEE, FL 32301

TITLE	VD
NAME	BLASI, PATRICIA
STREET ADDRESS	311 EPARK AVE
CITY-ST-ZIP	TALLAHASSEE, FL 32301

TITLE	SEC
NAME	KESSEL, GREGORY
STREET ADDRESS	311 E. PARK AVENUE
CITY-ST-ZIP	TALLAHALLASSEE, FL 32301

TITLE	VD
NAME	MURPHY, SUE
STREET ADDRESS	311 E. PARK AVENUE
CITY-ST-ZIP	TALLAHASSEE, FL 32301

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03/30/07-80094-005 70.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JULIE S. MYERS, TREAS *3-20-07* *850-224-5581*

Date

Daytime Phone #