

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16055

FILED
Mar 28, 2008
Secretary of State

Entity Name: SHOPPING CENTERS POLITICAL ACTION COMMITTEE, INC.

Current Principal Place of Business:

311 E PARK AVENUE
TALLAHASSEE, FL 323017736

New Principal Place of Business:

311 E. PARK AVENUE
TALLAHASSEE, FL 323017736

Current Mailing Address:

311 E PARK AVENUE
TALLAHASSEE, FL 323017736

New Mailing Address:

311 E. PARK AVENUE
TALLAHASSEE, FL 323017736

FEI Number: 59-2781238

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

MYERS, JULIE S
311 E. PARK AVENUE
TALLAHASSEE, FL 32301 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:

03/28/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: LECKY, JAMES,
Address: 311 E. PARK AVENUE
City-St-Zip: TALLAHASSEE, FL 32301

Title: T () Delete
Name: MYERS, JULIE
Address: 311 EAST PARK AVE.
City-St-Zip: TALLAHASSEE, FL

Title: PD () Delete
Name: RIVERA OSCAR,
Address: 311 E. PARK AVENUE
City-St-Zip: TALLAHASSEE, FL 32301

Title: VD () Delete
Name: BLASI, PATRICIA
Address: 311 EPARK AVE
City-St-Zip: TALLAHASSEE, FL 32301

Title: SEC () Delete
Name: KESSEL, GREGORY
Address: 311 E. PARK AVENUE
City-St-Zip: TALLAHALLASSEE, FL 32301

Title: VD () Delete
Name: MURPHY, SUE
Address: 311 E. PARK AVENUE
City-St-Zip: TALLAHASSEE, FL 32301

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: BLASI, PATRICIA
Address: 311 E. PARK AVE
City-St-Zip: TALLAHASSEE, FL 32301

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JULIE S. MYERS

T

03/28/2008

Electronic Signature of Signing Officer or Director

Date