

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40373

FILED
Apr 28, 2012
Secretary of State

Entity Name: SHORE ACRES CIVIC ASSOCIATION, INC.

Current Principal Place of Business:

SHORE ACRES REC CENTER
4230 SHORE ACRES BLVD
SAINT PETERSBURG, FL 33703 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 55002
ST. PETERSBURG, FL 337321473 US

New Mailing Address:

FEI Number: 59-3457468

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCSPIRITT, DIANE F
5165 HORSESHOE PLACE NE
SAINT PETERSBURG, FL 337034215 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P
Name: DAILEY, CHRIS
Address: 1528 DELAWARE AVE NE
City-St-Zip: SAINT PETERSBURG, FL 33703

Title: D
Name: ANDERSON, ANNE
Address: BAYOU GRANDE NE
City-St-Zip: ST PETERSBURG, FL 33703

Title: T
Name: MCSPIRITT, DIANE F
Address: 5165 HORSESHOE PLACE NE
City-St-Zip: SAINT PETERSBURG, FL 33703

Title: VP
Name: MEEKS, JOHN
Address: 1567 DELAWARE AVENUE NE
City-St-Zip: SAINT PETERSBURG, FL 33703

Title: VP
Name: STECHBECK, JEFF
Address: VENETIAN BOULEVARD NE
City-St-Zip: SAINT PETERSBURG, FL 33703

Title: D
Name: MOYER, CHRIS
Address: CARSON STREET NE
City-St-Zip: ST PETERSBURG, FL 33703

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: DIANE F MCSPIRITT

T

04/28/2012

Electronic Signature of Signing Officer or Director

_____ Date