2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004046

HODGES, STEVE

505 BELCHER #115

CLEARWATER, FL 33765

Name:

Address:

City-St-Zip:

Apr 28, 2005 Secretary of State

Entity Name: PINELLAS SAC ASSOCIATION, INC. **Current Principal Place of Business: New Principal Place of Business:** 9255 2ND ST N ST PETERSBURG, FL 33702 US **Current Mailing Address: New Mailing Address:** 9255 2ND ST N ST PETERSBURG, FL 33702 US FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ROWLEY, VICTOR 9255 2ND ST N ST PETERSBURG, FL 33702 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition ROWLEY, VIC Name: Name: 9255 SECOND ST. N. Address: Address: City-St-Zip: ST. PETERSBURG, FL 33702 City-St-Zip: Title: Title: () Delete () Change () Addition Name: CAMPBELL, LAURA Name: Address: 515 CASLER AVENUE Address: City-St-Zip: CLEARWATER, FL 33755 City-St-Zip: Title: () Delete Title: () Change () Addition MCCORMICK, THERESA Name: Name: 5194 HUNTINGTON CIR NE Address: Address: City-St-Zip: SAINT PETERSBURG, FL 33703 City-St-Zip: () Delete Title: Title: () Change () Addition SCARBERRY, PAT Name: Name: Address: 1418 PALMETTA STREET Address: City-St-Zip: CLEARWATER, FL 33755 City-St-Zip: Title: () Delete Title: (X) Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

Name:

Address:

City-St-Zip:

HODGES, PAUL S

50 S. BELCHER RD #115

CLEARWATER, FL 33765

SIGNATURE: PAUL S HODGES Τ 04/28/2005