# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**May 01, 2007**
**Secretary of State**

DOCUMENT# N95000004046

**Entity Name:** PINELLAS SAC ASSOCIATION, INC.

**Current Principal Place of Business:**

9255 2ND ST N
ST PETERSBURG, FL 33702 US

**New Principal Place of Business:**

**Current Mailing Address:**

9255 2ND ST N
ST PETERSBURG, FL 33702 US

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**
**In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**

**Name and Address of Current Registered Agent:**

ROWLEY, VICTOR
9255 2ND ST N
ST PETERSBURG, FL 33702 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: D ( ) Delete
Name: ROWLEY, VIC
Address: 9255 SECOND ST. N.
City-St-Zip: ST. PETERSBURG, FL 33702

Title: D (X) Delete
Name: CAMPBELL, LAURA
Address: 515 CASLER AVENUE
City-St-Zip: CLEARWATER, FL 33755

Title: D ( ) Delete
Name: MCCORMICK, THERESA
Address: 5194 HUNTINGTON CIR NE
City-St-Zip: SAINT PETERSBURG, FL 33703

Title: D (X) Delete
Name: SCARBERRY, PAT
Address: 1418 PALMETTA STREET
City-St-Zip: CLEARWATER, FL 33755

Title: D ( ) Delete
Name: HODGES, PAUL S
Address: 2189 LOGAN ST
City-St-Zip: CLEARWATER, FL 33765

**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: ( ) 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: PAUL S HODGES D 05/01/2007

Electronic Signature of Signing Officer or Director — Date