

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002238

FILED
Apr 24, 2007
Secretary of State

Entity Name: SC2 FACILITIES ASSOCIATION, INC.

Current Principal Place of Business:

9887 FOURTH STREET NORTH
SUITE 301
ST. PETERSBURG, FL 33702

New Principal Place of Business:

Current Mailing Address:

9887 FOURTH STREET NORTH
SUITE 301
ST. PETERSBURG, FL 33702

New Mailing Address:

FEI Number: 59-3510449

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, BRIAN K
9887 FOURTH STREET NORTH.
SUITE 301
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: PD () Delete
Name: PERCIAVALLE, CAROLINE
Address: 9887 FOURTH STREET NORTH
City-St-Zip: ST. PETERSBURG, FL 33702

Title: VPD () Delete
Name: BLOOMBERG, JENNIFER
Address: 9887 FOURTH STREET NORTH
City-St-Zip: ST. PETERSBURG, FL 33702

Title: SD () Delete
Name: ROSSI, RUSS
Address: 9887 FOURTH STREET NORTH
City-St-Zip: ST. PETERSBURG, FL 33702

Title: TD () Delete
Name: DEDYO, CHRISTOPHER
Address: 9887 FOURTH STREET NORTH
City-St-Zip: ST. PETERSBURG, FL 33702

Title: D () Delete
Name: THEILMANN, BETTY
Address: 9887 FOURTH STREET NORTH
City-St-Zip: ST. PETERSBURG, FL 33702

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: CAROLINE PERCIAVALLE

P

04/24/2007

Electronic Signature of Signing Officer or Director

Date