

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 01, 1999 8:00 am
Secretary of State

09-01-1999 90019 001 *1,540.00

DOCUMENT # N98000002245

1. Corporation Name

SC1 FACILITIES ASSOCIATION, INC. ✓



Principal Place of Business

Mailing Address

311 PARK PLACE BLVD
CLEARWATER FL 33759

311 PARK PLACE BLVD
CLEARWATER FL 33759



2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

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3. Date Incorporated or Qualified

04/17/1998

4. FEI Number

59-3510451

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

ZSCHAU, JULIUS J
911 CHESTNUT ST
CLEARWATER FL 33756

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME COLLINS, THERESA
STREET ADDRESS 311 PARK PLACE BLVD, STE 600
CITY-ST-ZIP CLEARWATER FL 33759 ☒ DELETE

TITLE VD
NAME SELLINGER, JOHN A
STREET ADDRESS 311 PARK PLACE BLVD, STE 600
CITY-ST-ZIP CLEARWATER FL 33759 ☒ DELETE

TITLE TSD
NAME SIKORSKI, FRED J
STREET ADDRESS 311 PARK PLACE BLVD, STE 600
CITY-ST-ZIP CLEARWATER FL 33759 ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President/Director ☒ Change ☐ Addition
1.2 NAME Sellinger, John A.
1.3 STREET ADDRESS 311 Park Place Boulevard, Suite 600
1.4 CITY-ST-ZIP Clearwater, FL 33759

2.1 TITLE Vice President/Director ☒ Change ☐ Addition
2.2 NAME Miller, Francine
2.3 STREET ADDRESS 311 Park Place Boulevard, Suite 600
2.4 CITY-ST-ZIP Clearwater, FL 33759

3.1 TITLE Secretary/Treas./Director ☒ Change ☐ Addition
3.2 NAME Small, Ed
3.3 STREET ADDRESS 311 Park Place Boulevard, Suite 600
3.4 CITY-ST-ZIP Clearwater, FL 33759

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/20/99 727-7960411

CR2E037 (5/99)