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Mar 10 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **707412** (3)

1. Corporation Name

**SUNSHINE CHAPTER OF ELECTRONIC REPRESENTATIVES ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**151 WYMORE RD  
STE 150  
ALTAMONTE SPGS. FL 32714  
US**

**151 WYMORE ROAD  
STE 150  
ALTAMONTE SPGS. FL 32714  
US**

3. Date Incorporated or Qualified

**06/08/1964**

4. FEI Number

**59-6163402**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

**21** Suite, Apt. #, etc.

**26** **151 WYMORE ROAD**

**22** City & State

**27** **STE 150**

**23** City & State

**28** **ALTAMONTE SPRINGS, FL**

**24** Zip

Country

**29** Zip

Country

**25**

**30** **US**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HENDRICKSON, DEON D  
151 WYMORE ROAD  
STE 150  
ALTAMONTE SPGS. FL 32714**

**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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

**CD  
WELSH, DALTON  
15445 STAPELTON WAY  
WELLINGTON FL**

TITLE ☐ DELETE

**VD  
JOHNSON, ALLEN J  
4105 COX RD.  
LAND O LAKES FL**

TITLE ☐ DELETE

**PD  
MYTON, KREBS  
499 STATE RD. 434, STE. 2151  
ALTAMONTE SPGS. FL**

TITLE ☐ DELETE

**D  
FARBER, BARRY  
378 WHOOPING LOOP, STE 1202  
ALTAMONTE SPRINGS FL**

TITLE ☐ DELETE

**TD  
HENDRICKSON, DEON  
151 WYMORE RD, STE 150  
ALTAMONTE SPRINGS FL**

TITLE ☐ DELETE

**NAME  
STREET ADDRESS  
CITY-ST-ZIP**

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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.

SIGNATURE:

**Deon D. Hendrickson**

**3/21/98**

**407774 9100**

CR2E037 (10/97)