

FILE NOW: FILING FEE IS \$61.25

FILED

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 <b>151 WYMORE RD STE 150 ALTAMONTE SPGS. FL 32714 US</b>	Mailing Address <b>151 WYMORE ROAD STE 150 ALTAMONTE SPGS. FL 32714 US</b>
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3. Date Incorporated or Qualified  
**06/08/1964**

4. FEI Number  
**59-6163402**

Applied For  
 Not Applicable

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26 151 WYMORE ROAD</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27 STE 150</b>
City & State <b>23</b>	City & State <b>28 ALTAMONTE SPRINGS, FL</b>
Zip <b>24</b>	Country <b>30 US</b>
Country <b>25</b>	Zip <b>29 32714</b>

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  
 Yes  No

9. Name and Address of Current Registered Agent

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

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	WELSH, DALTON	
STREET ADDRESS	15445 STAPELTON WAY	
CITY-ST-ZIP	WELLINGTON FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	JOHNSON, ALLEN J	
STREET ADDRESS	4105 COX RD.	
CITY-ST-ZIP	LAND O LAKES FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	MYTON, KREBS	
STREET ADDRESS	499 STATE RD. 434, STE. 2151	
CITY-ST-ZIP	ALTAMONTE SPGS. FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FARBER, BARRY	
STREET ADDRESS	378 WHOOPING LOOP, STE 1202	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	HENDRICKSON, DEON	
STREET ADDRESS	151 WYMORE RD, STE 150	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Date: 3/2/98

Signature and typed or printed name of principal officer or director

CR2E037 (10/97)