


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2005 8:00 am
Secretary of State

02-11-2005 90035 039 ****61.25

DOCUMENT # 707412			
1. Entity Name SUNSHINE CHAPTER OF ELECTRONIC REPRESENTATIVES ASSOCIATION, INC.			
Principal Place of Business 400 MAGNOLIA OAK DR. LONGWOOD FL 32779 US		Mailing Address 400 MAGNOLIA OAK DR. LONGWOOD FL 32779 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/04)

4. FEI Number 59-6163402		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MATHIAS, CHARLES 400 MAGNOLIA OAK DRIVE LONGWOOD FL 32779		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: D NAME: SWARTZ, BARBARA STREET ADDRESS: 113 CANDACE CITY-ST-ZIP: MAITLAND FL	<input type="checkbox"/> Delete	TITLE: <i>VPD</i> NAME: <i>Swartz, Barbara</i> STREET ADDRESS: CITY-ST-ZIP:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: PD NAME: FARBER, BARRY STREET ADDRESS: 378 WHOOPING LOOP, STE 1202 CITY-ST-ZIP: ALTAMONTE SPRINGS FL	<input type="checkbox"/> Delete	TITLE: <i>CBD</i> NAME: <i>Farber, Barry</i> STREET ADDRESS: CITY-ST-ZIP:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: CBD NAME: HENDRICKSON, DEON STREET ADDRESS: 151 WYMORE RD, STE 150 CITY-ST-ZIP: ALTAMONTE SPRINGS FL	<input checked="" type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TD NAME: MATHIAS, CHARLES H STREET ADDRESS: 400 MAGNOLIA OAK DRIVE CITY-ST-ZIP: LONGWOOD FL 32779	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VP NAME: GUNNIN, TROY STREET ADDRESS: PO BOX 261117 CITY-ST-ZIP: TAMPA FL 33685	<input type="checkbox"/> Delete	TITLE: <i>PD</i> NAME: <i>Gunnin, Troy</i> STREET ADDRESS: CITY-ST-ZIP:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: <i>SD</i> NAME: <i>Brock, Seth</i> STREET ADDRESS: <i>10505 Cyndee Lane</i> CITY-ST-ZIP: <i>Odessa, FL 33556</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like powers.

SIGNATURE: *Charles H Mathias* Feb 1, 2005 407-682-1700
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #