

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # 707412

1. Entity Name
SUNSHINE CHAPTER OF ELECTRONIC REPRESENTATIVES ASSOCIATION, INC.



Principal Place of Business Mailing Address

**400 MAGNOLIA OAK DR.
 LONGWOOD, FL 32779 US** **400 MAGNOLIA OAK DR.
 LONGWOOD, FL 32779 US**

DO NOT WRITE IN THIS SPACE



01062006 No Chg-NP CR2E037 (11/05)

4. FEI Number Applied For
59-6163402 Not Applicable

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

6. Name and Address of Current Registered Agent

**MATHIAS, CHARLES
 400 MAGNOLIA OAK DRIVE
 LONGWOOD, FL 32779**

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2006**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SWARTZ, BARBARA 113 CANDACE MAITLAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CBD FARBER, BARRY 378 WHOOPING LOOP, STE 1202 ALTAMONTE SPRINGS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BROCK, SETH 10505 CYNDEE LANE ODESSA, FL 33556
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MATHIAS, CHARLES H 400 MAGNOLIA OAK DRIVE LONGWOOD, FL 32779
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GUNNIN, TROY PO BOX 261117 TAMPA, FL 33688
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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00000399550
 02/01/06-80017-012 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 empowered.

SIGNATURE: *Charles H. Mathias* *Charles H. Mathias* 2/19/06 407-682-1700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #