

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 707412

FILED  
Feb 09, 2007  
Secretary of State

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

**Current Principal Place of Business:**

400 MAGNOLIA OAK DR.  
LONGWOOD, FL 32779 US

**New Principal Place of Business:**

**Current Mailing Address:**

400 MAGNOLIA OAK DR.  
LONGWOOD, FL 32779 US

**New Mailing Address:**

FEI Number: 59-6163402      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: VD ( ) Delete  
Name: SWARTZ, BARBARA  
Address: 113 CANDACE  
City-St-Zip: MAITLAND, FL

Title: CBD ( ) Delete  
Name: FARBER, BARRY  
Address: 378 WHOOPING LOOP, STE 1202  
City-St-Zip: ALTAMONTE SPRINGS, FL

Title: SD ( ) Delete  
Name: BROCK, SETH  
Address: 10505 CYNDEE LANE  
City-St-Zip: ODESSA, FL 33556

Title: TD ( ) Delete  
Name: MATHIAS, CHARLES H  
Address: 400 MAGNOLIA OAK DRIVE  
City-St-Zip: LONGWOOD, FL 32779

Title: PD ( ) Delete  
Name: GUNNIN, TROY  
Address: PO BOX 261117  
City-St-Zip: TAMPA, FL 33685

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: SWARTZ, BARBARA  
Address: 113 CANDACE  
City-St-Zip: MAITLAND, FL

Title: SD (X) Change ( ) Addition  
Name: WALSH, PAT  
Address: 1173 SPRING CENTRE SPITH BLVD # B  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: VD (X) Change ( ) Addition  
Name: BROCK, SETH  
Address: 10505 CYNDEE LANE  
City-St-Zip: ODESSA, FL 33556

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: CD (X) Change ( ) Addition  
Name: GUNNIN, TROY  
Address: PO BOX 261117  
City-St-Zip: TAMPA, FL 33685

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES H. MATHIAS

TD

02/09/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date