2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 707412

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

Current Principal Place of Business:

1750 W. BROADWAY
C/O CONLEY & ASSOCIATES SUITE 222
OVIEDO, FL 32765

Current Mailing Address:

1750 W. BROADWAY
C/O CONLEY & ASSOCIATES SUITE 222
OVIEDO, FL 32765 US

FEI Number: 59-6163402

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DIETRICH, LISA MAUREEN
1750 W. BROADWAY
C/O CONLEY & ASSOCIATES SUITE 222
OVIEDO , FL 32765 US

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: LISA M. DIETRICH   04/15/2024

          Electronic Signature of Registered Agent   Date

Officer/Director Detail :

Title	CHAIRMAN		Title	TREASURER
Name	TALLY, RICK		Name	DIETRICH, LISA MAUREEN
Address	1103 W. HIBISCUS BLVD. SUITE 308Z		Address	1750 W. BROADWAY C/O CONLEY & ASSOCIATES SUITE 222
City-State-Zip:	MELBOURNE FL 32901		City-State-Zip:	OVIEDO FL 32765
Title	CHAIRMAN		Title	PRESIDENT
Name	BAMBERG, PAT		Name	WARREN , GREG
Address	214 COCOS DRIVE		Address	225 LAKE DRIVE
City-State-Zip:	ORLANDO FL 32807		City-State-Zip:	OVIEDO FL 32765
Title	VP		Title	SECRETARY
Name	BROCK, SETH		Name	RECICAR, SHANE
Address	31629 LONG ACRES DRIVE		Address	31629 LONG ACRES DRIVE
City-State-Zip:	SORRENTO FL 32776		City-State-Zip:	SORRENTO FL 32776

I hereby 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 all other like empowered.

SIGNATURE: LISA DIETRICH   TREASURER   04/15/2024

          Electronic Signature of Signing Officer/Director Detail   Date