

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 707412

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

**FILED**  
**May 09, 2018**  
**Secretary of State**  
**CC6730042457**

**Current Principal Place of Business:**

400 MAGNOLIA OAK DR.  
LONGWOOD, FL 32779

**Current Mailing Address:**

400 MAGNOLIA OAK DR.  
LONGWOOD, FL 32779 US

**FEI Number: 59-6163402**

**Certificate of Status Desired: No**

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

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

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

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title CHAIRMAN, DIRECTOR  
Name WALSH, PAT  
Address 2029 FLAMING ARROW COURT  
City-State-Zip: CASSELBERRY FL 32730

Title CFO, DIRECTOR  
Name MATHIAS, CHARLES H  
Address 400 MAGNOLIA OAK DRIVE  
City-State-Zip: LONGWOOD FL 32779

Title VD  
Name GUNNIN, BRIAN  
Address PO BOX 261117  
City-State-Zip: TAMPA FL 33685

Title PRESIDENT, DIRECTOR  
Name TALLY, RICK  
Address 1103 W. HIBISCUS BLVD. SUITE 308Z  
City-State-Zip: MELBOURNE FL 32901

*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: CHARLES H. MATHIAS**

**CFO**

**05/09/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date