

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 707412

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

**FILED**  
**Mar 21, 2013**  
**Secretary of State**  
**CC4335682088**

**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: Yes**

**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	DIRECTOR	Title	CHAIRMAN, DIRECTOR
Name	WALSH, PAT	Name	BROCK, SETH
Address	2029 FLAMING ARROW COURT	Address	10505 CYNDEE LANE
City-State-Zip:	CASSELBERRY FL 32730	City-State-Zip:	ODESSA FL 33556
Title	CFO, DIRECTOR	Title	VD
Name	MATHIAS, CHARLES H	Name	GUNNIN, BRIAN
Address	400 MAGNOLIA OAK DRIVE	Address	PO BOX 261117
City-State-Zip:	LONGWOOD FL 32779	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,DIRECTOR**

**03/21/2013**

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

\_\_\_\_\_  
Date