

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004669

FILED
Feb 10, 2021
Secretary of State
7819261442CC

Entity Name: SHAREVIVAL AT THE BLUEBERRY PATCH INC.

Current Principal Place of Business:

4917 20TH AVE S
GULFPORT, FL 33707

Current Mailing Address:

4917 20TH AVE S
GULFPORT, FL 33707

FEI Number: 83-0359746

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

21 RIGA LLC
301 WOODLANDS PKWY
STE 10
OLDSMAR, FL 34677 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: MICHAEL J. FAEHNER

02/10/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VP
Name FECKNER, ROBERT
Address 5626 25TH AVENUE SOUTH
City-State-Zip: GULFPORT FL 33707

Title PRESIDENT
Name PRATHER, ALEISHA
Address 1936 16TH AVENUE NORTH
City-State-Zip: ST. PETERSBURG FL 33713

Title TREASURER
Name BURKE, KELLY
Address 6074 105TH TERRACE NORTH
City-State-Zip: PINELLAS PARK FL 33782

Title SECRETARY
Name PEREZ, AMBER
Address 5239 5TH AVENUE SOUTH
City-State-Zip: ST. PETERSBURG FL 33707

Title DIRECTOR
Name DELOREY, DOUGLAS
Address 2431 6TH AVENUE NORTH
City-State-Zip: ST. PETERSBURG FL 33713

Title DIRECTOR
Name GEDDES, JENNIFER
Address 7400 37TH AVENUE NORTH
City-State-Zip: ST. PETERSBURG FL 33710

Title DIRECTOR
Name GEDDES, ANDY
Address 7400 37TH AVENUE NORTH
City-State-Zip: ST. PETERSBURG FL 33710

Title DIRECTOR
Name HILTON, JEFF
Address 171 PINELLAS WAY NORTH
City-State-Zip: ST. PETERSBURG FL 33710

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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: ALEISHA PRATHER

PRESIDENT

02/10/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name PHILLIPS, SARA
Address 6855 DARTMOUTH AVENUE NORTH
City-State-Zip: ST. PETERSBURG FL 33710

Title DIRECTOR
Name HURD, SHERRY
Address 1213 27TH STREET NORTH
City-State-Zip: ST. PETERSBURG FL 33713

Title DIRECTOR
Name REEDER, DILLON
Address 5609 1/2 TANGERINE AVE. SOUTH
City-State-Zip: GULFPORT FL 33707