

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000004669

**FILED**  
**Mar 11, 2024**  
**Secretary of State**  
**2992301633CC**

**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:**

24 CAT 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, ON BEHALF OF 24 CAT LLC

03/11/2024

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

**Continues on page 2**

*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:** ROBERT FECKNER

VP

03/11/2024

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