2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004669

Entity Name: SHAREVIVAL AT THE BLUEBERRY PATCH INC.

FILED Feb 29, 2016 Secretary of State CC4670223095

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:

FAEHNER, MICHAEL J ESQ. 600 BYPASS DR STE 100 CLEARWATER, FL 33764 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 FAEHNER 02/29/2016

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title DIRECTOR Title PRESIDENT

Name FECKNER, ROBERT Name GERWER, KEITH

Address 5626 25TH. AVENUE SOUTH Address 5405 20TH. AVENUE SOUTH

City-State-Zip: GULFPORT FL 33707 City-State-Zip: GULFPORT FL 33707

TitleTREASURERTitleSECRETARYNameGEDDES, ANDYNameEPSTEIN, ELIZA

Address 7400 37TH AVE N Address 6069 4TH. AVENUE NORTH

City-State-Zip: ST PETERSBURG FL 33710 City-State-Zip: ST. PETERSBURG FL 33710

Title VP Title DIRECTOR

Name DELOREY, DOUGLAS Name GEDDES, JENNIFER

Address 2431 6TH AVE N Address 7400 37TH AVENUE N

City-State-Zip: ST PETERSBURG FL 33713 City-State-Zip: ST. PETERSBURG FL 33710

Title DIRECTOR Title DIRECTOR

Name BAILEY, HAROLD N JR. Name FECKNER, THOMAS

Address 6069 4TH AVENUE N. Address 5618 17TH AVENUE SOUTH

City-State-Zip: ST. PETERSBURG FL 33710 City-State-Zip: GULFPORT FL 33707

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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: KEITH GERWER PRESIDENT 02/29/2016

Officer/Director Detail Continued:

Title DIRECTOR

Name GREEN, ROBERT

Address 404 PALM BLUFF STREET
City-State-Zip: CLEARWATER FL 33755