

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004669

FILED
Mar 27, 2013
Secretary of State
CC5410303361

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:

FAEHNER, MICHAEL J ESQ.
600 BYPASS DR
STE 208
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

03/27/2013

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

Title VP
Name GERWER, KEITH
Address 5405 20TH. AVENUE SOUTH
City-State-Zip: GULFPORT FL 33707

Title TREASURER
Name GEDDES, ANDY
Address 7400 37TH AVE N
City-State-Zip: ST PETERSBURG FL 33710

Title SECRETARY
Name EPSTEIN, ELIZA
Address 6069 4TH. AVENUE NORTH
City-State-Zip: ST. PETERSBURG FL 33710

Title DIRECTOR
Name BEHRENDT, LUCINDA
Address 5405 20TH. AVENUE SOUTH
City-State-Zip: GULFPORT FL 33707

Title DIRECTOR
Name DELOREY, DOUGLAS
Address 2431 6TH AVE N
City-State-Zip: ST PETERSBURG FL 33713

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

Title DIRECTOR
Name BAILEY, HAROLD N JR.
Address 6069 4TH AVENUE N.
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: ROBERT FECKNER

PRESIDENT

03/27/2013

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name FECKNER, THOMAS
Address 5618 17TH AVENUE SOUTH
City-State-Zip: GULFPORT FL 33707

Title DIRECTOR
Name DUFFY, PJ
Address 4923 20TH AVENUE SOUTH
City-State-Zip: GULFPORT FL 33707