

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13000010632

**Entity Name:** SUNSHINE BELGIAN TERVUREN CLUB, INC.

**Current Principal Place of Business:**

1730 PERRY ROAD  
GREEN COVE SPRINGS, FL 32043

**Current Mailing Address:**

1730 PERRY ROAD  
GREEN COVE SPRINGS, FL 32043 US

**FEI Number: 46-4260056**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

SANDRA W. JOHNSON, P.A.  
2110 PARK STREET  
JACKSONVILLE, FL 32204 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 P, D  
Name WETHERELL, LYNNE F  
Address 1730 PERRY ROAD  
City-State-Zip: GREEN COVE SPRINGS FL 32043

Title T, D  
Name NELSON, KATHY  
Address 505 TIMBERCREST LANE  
City-State-Zip: FLEMING ISLAND FL 32003

Title S, D  
Name VINER, AMY  
Address 430 S 3RD STREET  
City-State-Zip: MACCLENNY FL 32063-2406

Title D  
Name BASSINGTHWAIGHTE, CAROLYN  
Address 1440 FRUIT COVE ROAD N.  
City-State-Zip: ST. JOHNS FL 32259

Title D  
Name IRVING, GILLIAN  
Address 4725 HIGHGATE BLVD.  
City-State-Zip: PALM HARBOR FL 34685

Title VP, D  
Name LANE, LISA  
Address 729 OLD LOGGERS WAY  
City-State-Zip: ST. AUGUSTINE FL 32086

*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: LYNNE F. WETHERELL**

**PRESIDENT**

**01/15/2018**

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

\_\_\_\_\_  
Date