

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13000010632

Entity Name: SUNSHINE BELGIAN TERVUREN CLUB, INC.**Current Principal Place of Business:**2034 LULU COURT
GREEN COVE SPRINGS, FL 32043**Current Mailing Address:**2034 LULU COURT
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.
2244 FORBES 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	2034 LULU COURT
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	LANE, LISA
Address	220 DARK HORSE LANE
City-State-Zip:	HASTINGS FL 32145

Title	D
Name	NIRENBERG, CATHY
Address	6491 SE 168 TERRACE ROAD
City-State-Zip:	OCALA FL 34481

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

Title	VP, D
Name	COSENZA, ROBYN
Address	20734 SUGARLOAF MOUNTAIN RD
City-State-Zip:	CLERMONT FL 34715

Title	D
Name	FLEMING, MICHELLE
Address	2865 GODWIN ROAD
City-State-Zip:	ST. CLOUD FL 34772

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****04/30/2024**_____
Electronic Signature of Signing Officer/Director Detail_____
Date