2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2024
Secretary of State
3251244162CC

DOCUMENT# N94000000623

Entity Name: SUNSHINE AIREDALERS OF SOUTH FLORIDA, INC.

Current Principal Place of Business:

401 ALTHEA RD.
BELLEAIR, FL 33756

Current Mailing Address:

401 ALTHEA RD.
BELLEAIR, FL 33756 US

FEI Number: 65-0536398

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ALLI, JEAN L
401 ALTHEA RD.
BELLEAIR, FL 33756 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: JEAN ALLI 02/02/2024

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	DIRECTOR
Name	POWERS, JUDITH B
Address	4721 16TH AVE N
City-State-Zip:	SAINT PETERSBURG FL 33713

Title	PRESIDENT
Name	BAKER, TOM
Address	1775 SW ST. ANDREWS DRIVE
City-State-Zip:	PALM CITY FL 34990

Title	DIRECTOR
Name	BAKER, PAMELA
Address	1775 SW ST. ANDREWS DRIVE
City-State-Zip:	PALM CITY FL 34990

Title	DIRECTOR
Name	RISE, BARBIE
Address	4480 RUNWAY LANE
City-State-Zip:	ST. CLOUD FL 34772

Title	TREASURER, DIRECTOR
Name	ALLI, JEAN L
Address	401 ALTHEA RD.
City-State-Zip:	BELLEAIR FL 33756

Title	SECRETARY
Name	O'CONNELL, LINDA
Address	9397 KATHERINE WAY
City-State-Zip:	FANNING SPRINGS FL 32693

Title	DIRECTOR
Name	ROSELLE, PEGGY
Address	524 TARPON AVENUE
City-State-Zip:	FERNANDINA BEACH FL 32034

Title	DIRECTOR
Name	SCHLOSSMAN, SARA
Address	1464 WINDSONG RD
City-State-Zip:	ORLANDO FL 32809

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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: JEAN ALLI TREASURER 02/02/2024

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	VP
Name	WIRZMAN-SANDLER, JACKI
Address	1272 WYNDHAM PINE DRIVE
City-State-Zip:	APOPKA FL 32712

Title	DIRECTOR
Name	AHRENS, BETH
Address	5252 BLACKJACK CIRCLE
City-State-Zip:	PUT A GORDA FL 33982

Title	DIRECTOR
Name	GUNTER, KAREN
Address	710 OAKLAND RD
City-State-Zip:	ALTAMONTE SPRINGS FL 32701

Title	DIRECTOR
Name	BLACK, CAROL
Address	5527 SATELLITE DRIVE
City-State-Zip:	ORLANDO FL 32810

Title	DIRECTOR
Name	BATES, JO ANNE
Address	511 51ST AVENUE DRIVE W.
City-State-Zip:	BRADENTON FL 34207

Title	DIRECTOR
Name	SIDWELL, ERIN
Address	27091 MORA RD
City-State-Zip:	BONITA SPRINGS FL 34135