

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N97000001197

**Entity Name:** SHARK SHOOTOUT CHARITIES, INC.

**Current Principal Place of Business:**

2041 VISTA PARKWAY, LEVEL 2  
WEST PALM BEACH, FL 33411

**Current Mailing Address:**

2041 VISTA PARKWAY, LEVEL2  
WEST PALM BEACH, FL 33411

**FEI Number:** 65-0736877

**Certificate of Status Desired:** No

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

SCHNEIDER, JACK  
2041 VISTA PARKWAY, LEVEL2  
WEST PALM BEACH, FL 33411 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 DP  
Name NORMAN, GREG  
Address 2041 VISTA PARKWAY, LEVEL 2  
City-State-Zip: WPB FL 33411

Title EVST  
Name SCHNEIDER, JACK  
Address 2041 VISTA PARKWAY, LEVEL 2  
City-State-Zip: WPB FL 33411

Title D  
Name PIERCE, ANDY  
Address 2041 VISTA PARKWAY, LEVEL 2  
City-State-Zip: WPB FL 33411

Title D  
Name D'JAMOOS, JOE D  
Address 2041 VISTA PARKWAY, LEVEL 2  
City-State-Zip: WPB FL 33411

Title VP  
Name COLLINS, BART  
Address 2041 VISTA PARKWAY, LEVEL 2  
City-State-Zip: WPB FL 33411

Title DIRECTOR  
Name COHEN, MICHAEL  
Address 2041 VISTA PARKWAY, LEVEL 2  
City-State-Zip: WEST PALM BEACH FL 33411

*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:** JACK SCHNEIDER

RA

04/28/2014

Electronic Signature of Signing Officer/Director Detail

Date