

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 707412

FILED
Feb 11, 2009
Secretary of State

Entity Name: SUNSHINE CHAPTER OF ELECTRONIC REPRESENTATIVES ASSOCIATION, INC.

Current Principal Place of Business:

400 MAGNOLIA OAK DR.
LONGWOOD, FL 32779 US

New Principal Place of Business:

Current Mailing Address:

400 MAGNOLIA OAK DR.
LONGWOOD, FL 32779 US

New Mailing Address:

FEI Number: 59-6163402

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MATHIAS, CHARLES
400 MAGNOLIA OAK DRIVE
LONGWOOD, FL 32779 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: WALSH, PAT
Address: 1173 SPRING CENTRE SPITH BLVD # B
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: VD () Delete
Name: BROCK, SETH
Address: 10505 CYNDEE LANE
City-St-Zip: ODESSA, FL 33556

Title: TD () Delete
Name: MATHIAS, CHARLES H
Address: 400 MAGNOLIA OAK DRIVE
City-St-Zip: LONGWOOD, FL 32779

Title: CDP () Delete
Name: GUNNIN, TROY
Address: PO BOX 261117
City-St-Zip: TAMPA, FL 33685

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: WALSH, PAT
Address: 1173 SPRING CENTRE SPITH BLVD # B
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: VDS (X) Change () Addition
Name: BROCK, SETH
Address: 10505 CYNDEE LANE
City-St-Zip: ODESSA, FL 33556

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: CD (X) Change () Addition
Name: GUNNIN, TROY
Address: PO BOX 261117
City-St-Zip: TAMPA, FL 33685

Title: VD () Change (X) Addition
Name: TALLY, RICK
Address: 1103 W. HIBISCUS BLVD. #401
City-St-Zip: MELBOURNE, FL 32901

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: CHARLES H. MATHIAS

T

02/11/2009

Electronic Signature of Signing Officer or Director

Date