

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004669

FILED  
Apr 25, 2011  
Secretary of State

Entity Name: SHAREVIVAL INCORPORATED

**Current Principal Place of Business:**

4923 1/2 20TH AVENUE SOUTH  
GULFPORT, FL 33707

**New Principal Place of Business:**

**Current Mailing Address:**

4917 20TH AVE. SOUTH  
GULFPORT, FL 33707

**New Mailing Address:**

FEI Number: 83-0359746

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

RANKIN, GEORGE  
4923 1/2 20TH AVENUE SOUTH  
GULFPORT, FL 33707 US

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

FECKNER, ROBERT  
5626 25TH AVE S  
GULFPORT, FL 33707 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: ROBERT FECKNER

04/25/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: BOHRER, DALLAS L  
Address: 4923 1/2 20TH AVE S  
City-St-Zip: GULFPORT, FL 33707

Title: VP  
Name: FECKNER, ROBERT  
Address: 5626 25TH AVE S  
City-St-Zip: GULFPORT, FL 33707

Title: T  
Name: GEDDES, ANDY  
Address: 7400 37TH AVE N  
City-St-Zip: ST PETERSBURG, FL 33710

Title: S  
Name: IVESTER, SHERRY  
Address: 4153 2ND AVE S  
City-St-Zip: ST PETERSBURG, FL 33711

Title: D  
Name: GEDDES, JENNIFER  
Address: 7400 37TH AVE N  
City-St-Zip: ST. PETERSBURG, FL 33710

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: SHERRY IVESTER

S

04/25/2011

Electronic Signature of Signing Officer or Director

Date