

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 765157

FILED
Jan 24, 2013
Secretary of State
CC5769503340

Entity Name: SUNSYSTEM DEVELOPMENT CORPORATION

Current Principal Place of Business:

900 HOPE WAY
ALTAMONTE SPRINGS, FL 32714

Current Mailing Address:

900 HOPE WAY
ALTAMONTE SPRINGS, FL 32714

FEI Number: 59-2219301

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BROMME, JEFF
900 HOPE WAY
ALTAMONTE SPRINGS, FL 32714 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 PM
Name JERNIGAN, DONALD L
Address 900 HOPE WAY
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title VP
Name BUNCH, JIMM
Address 1 PARK RIDGE PLACE
City-State-Zip: FLETCHER NC 28732

Title VP
Name BUTLER, DAVID
Address 188 HOSPITAL LANE
City-State-Zip: JELLICO TN 37762

Title VP
Name CUMMINGS, DES D
Address 2400 BEDFORD ROAD
City-State-Zip: ORLANDO FL 32803

Title VP
Name GIVENS, MICHELLE
Address 602 COURTLAND STREET
City-State-Zip: ORLANDO FL 32804

Title AS
Name DE PRADA, ARIEL
Address 900 HOPE WAY
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title SECRETARY
Name SHAW, TERRY
Address 900 HOPE WAY
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title ASST. SECRETARY
Name ADDISCOTT, LYNN
Address 900 HOPE WAY
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Continues on page 2

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: ARIEL DE PRADA

ASSIST. SECRETARY

01/24/2013

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title ASST. SECRETARY
Name SINGLETON, DAVID
Address 900 HOPE WAY
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title DIRECTOR
Name LIVESAY, DONALD
Address P. O. BOX 287
City-State-Zip: BERRIEN SPRINGS MI 49103

Title VP, DIRECTOR
Name HOUMANN, LARS
Address 601 EAST ROLLINS
City-State-Zip: ORLANDO FL 32803

Title DIRECTOR
Name MOORE, LARRY
Address P, O. BOX 4000
City-State-Zip: BURLESON TX 76097