2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N03000004669

1. Entity Name

SHAREVIVAL INCORPORATED



FILED Apr 24, 2006 08:00 AN Secretary of State

Principal Place of Business

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

Mailing Address

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

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DO NOT WRITE IN THIS SPACE

04172006 No Chg-NP CR2E037 (11/05)

4. FEI Number 83-0359746 Applied F

5. Certificate of Status Desired

XÍ

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

DO NOT WRITE IN THIS SPACE

				11.4	THO CIACL		
	named entity submits this statement for the plons of registered agent.	purpose of changing its registere	d office or n	egistered agent, or be	oth, in the State of Florida. I am familiar with, and		
SIGNATURE_	Signature, typed or printed name of registered agent and title	Napplicable. (NOTE: Registered	Agent signature	required when reinstaling)	DATE		
	Filing Fee is \$61.25 Due by May 1, 2006	Election Campaign Financ Trust Fund Contribution.	oling 🔲	\$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				<u> </u>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BOHRER, DALLAS L 4923 1/2 20TH AVENUE SOUTH GULFPORT, FL 33707						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STILLWELL, LISA 4923 1/2 20TH AVENUE SOUTH GULFPORT, FL 33707			ŧ	05/06/06-80136-003 70.00		
TITLE NAME STREET ADDRESS CITY - ST-ZIP	T STANLEY, MICHAEL 5001 20TH AVENUE S. GULFPORT, FL 33707			DO NOT WRITE			
TITLE NAME STREET ADDRESS CITY-SI-ZIP	S MEADOW, JULIA M 5001 20TH AVENUE S. GULFPORT, FL 33707			IN THIS SPACE			
TITLE							

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the informatic indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or direct 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 in Block 10 or Block 1 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

-4-18-06