

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2008 8:00 am
Secretary of State

02-15-2008 90010 046 ****70.00



DOCUMENT # N03000004669

1. Entity Name
SHAREVIVAL INCORPORATED

Principal Place of Business
**4923 1/2 20TH AVENUE SOUTH
 GULFPORT, FL 33707**

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



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02052008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
83-0359746

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$81.25
 Due by May 1, 2008**

9. Election Campaign Financing
 Trust Fund Contribution.

**\$5.00 May Be
 Added to Fees**

**Make check payable to
 Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	BOHRER, DALLAS L	
STREET ADDRESS	4923 1/2 20TH AVENUE SOUTH	
CITY-ST-ZIP	GULFPORT, FL 33707	
TITLE	V	<input type="checkbox"/> Delete
NAME	STANLEY, MICHAEL	
STREET ADDRESS	5001 20TH AVE S	
CITY-ST-ZIP	GULFPORT, FL 33707	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	GEEDES, JENNIFER	
STREET ADDRESS	7400 37TH AVE N	
CITY-ST-ZIP	ST PETERSBURG, FL 33710	
TITLE	S	<input type="checkbox"/> Delete
NAME	HILTON, CONSTANCE M	
STREET ADDRESS	171 PINELLAS WAY N	
CITY-ST-ZIP	ST PETERSBURG, FL 33710	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Geedes, Andy	
STREET ADDRESS	7400 37th Ave N.	
CITY-ST-ZIP	St. Petersburg, FL 33710	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Constance M. Hilton
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-8-08
 Date

(727)422-2427
 Daytime Phone #



SHAREVIVAL INC

4923 1/2
20th Ave s.
Gulfport Florida 33707
727-327-4224

ATTACHMENT

40025929

#N0308000 4669

February 11, 2008
Annual Report

EIN NUMBER 83-0359746

SHAREVIVAL INC is a group of people who have decided to gather as part of a Group of like-minded individuals who share in the possible pursuits of seeking Federal recognition as a legal 501c3 for furthering the arts in the community.

The entity has completed requirements for the state of Florida and has a EIN Number.

As a group, we gather quarterly and discuss possible projects. We participate in helping the elderly and helping to expand the arts in the immediate local community.

We have collected no dues and have made no money in this fiscal year.

We continue to register with the state on an annual basis and pay the \$70 fee to continue being recognized as the entity we are.

Please see attached for for changes in officers.

Sincerely yours

Michael Stanley

Vice President