

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2009
Secretary of State

DOCUMENT# N03000004669

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:

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

New Mailing Address:

FEI Number: 83-0359746 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BOHRER, DALLAS L
4923 1/2 20TH AVENUE SOUTH
GULFPORT, FL 33707 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: P () Delete
Name: BOHRER, DALLAS L
Address: 4923 1/2 20TH AVENUE SOUTH
City-St-Zip: GULFPORT, FL 33707

Title: V () Delete
Name: STANLEY, MICHAEL
Address: 5001 20TH AVE S
City-St-Zip: GULFPORT, FL 33707

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

Title: S () Delete
Name: HILTON, CONSTANCE M
Address: 171 PINELLAS WAY N
City-St-Zip: ST PETERSBURG, FL 33710

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: BOHRER, DALLAS L
Address: 4923 1/2 20TH AVENUE SOUTH
City-St-Zip: GULFPORT, FL 33707

Title: VP (X) Change () Addition
Name: MURPHY, PATRICK
Address: 2925 49TH STREET SOUTH
City-St-Zip: GULFPORT, FL 33707

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

Title: S (X) Change () Addition
Name: VAN HAGHT, DESHIKA D
Address: 490 BOSPHORUS AVE.
City-St-Zip: TAMPA, FL 33606

Title: D () Change (X) Addition
Name: MAYBERRY, ROGER
Address: 4923 20TH AVE SOUTH
City-St-Zip: GULFPORT, FL 33707

Title: D () Change (X) Addition
Name: MUZZEY, MARTHA A
Address: 3019 DUPONT STREET
City-St-Zip: GULFPORT, FL 33707

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: D.D.VAN HAGHT

S

04/12/2009

Electronic Signature of Signing Officer or Director

_____ Date