

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003299

FILED
Mar 18, 2005
Secretary of State

Entity Name: CARING & SHARING OF SOUTH WALTON COUNTY, INC.

Current Principal Place of Business:

LOT 22, NEALLEY BUSINESS VILLAGE
SANTA ROSA BEACH, FL 32459

New Principal Place of Business:

LOT 22, NEALLEY BUSINESS VILLAGE
112 LYNN DRIVE
SANTA ROSA BEACH, FL 324594200

Current Mailing Address:

P.O. BOX 2122
SANTA ROSA BEACH, FL 32459

New Mailing Address:

FEI Number: 59-3269872 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CLARK, PARTINGTON, HART, LARRY, BOND
ONE PENSACOLA PLAZA- SUITE 800
125 WEST ROMANA ST.
PENSACOLA, FL 32501 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: D/P () Delete
Name: JOHNSON, REV. PAUL
Address: 3892 MESA ROAD
City-St-Zip: DESTIN, FL 32541

Title: D/S () Delete
Name: REYNOLDS, BEA
Address: P.O. BOX 1245
City-St-Zip: SANTA ROSA BEACH, FL 32459 12

Title: D/T () Delete
Name: HOLLEY, KIMBERLY S
Address: 7700 U.S. HIGHWAY 98, WEST
City-St-Zip: SANTA ROSA BEACH, FL 32459

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D/S (X) Change () Addition
Name: THOMASON, JUNE
Address: 4575 NAUTICAL CT.
City-St-Zip: DESTIN, FL 325415321

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: KIMBERLY S. HOLLEY

D/T

03/18/2005

Electronic Signature of Signing Officer or Director

Date