

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13000009821

**Entity Name:** SHARING HOPE FOR A CURE, INC.

**Current Principal Place of Business:**

12937 HOBBS RD.  
DADE CITY, FL 33525

**Current Mailing Address:**

12937 HOBBS RD.  
DADE CITY, FL 33525 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

GRAHAM, SHAWN R  
12937 HOBBS RD.  
DADE CITY, FL 33525 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 P  
Name GRAHAM, COURTNEY B  
Address 12937 HOBBS RD.  
City-State-Zip: DADE CITY FL 33525

Title VP  
Name SLAYTON, SARA J  
Address 36625 ST. JOE RD.  
City-State-Zip: DADE CITY FL 33525

Title T  
Name GRAHAM, SHAWN R  
Address 12937 HOBBS RD.  
City-State-Zip: DADE CITY FL 33525

*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:** SHAWN GRAHAM

**TREASURER**

**04/29/2015**

Electronic Signature of Signing Officer/Director Detail

Date