

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N94000003299

**Entity Name:** CARING & SHARING OF SOUTH WALTON COUNTY, INC.**Current Principal Place of Business:**LOT 22, NEALLEY BUSINESS VILLAGE  
112 LYNN DRIVE  
SANTA ROSA BEACH, FL 32459-4200**Current Mailing Address:**P.O. BOX 2122  
SANTA ROSA BEACH, FL 32459**FEI Number:** 59-3269872**Certificate of Status Desired:** No**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*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	D/P
Name	REYNOLDS, BEATRICE
Address	3788 W. CO. HWY 30-A
City-State-Zip:	SANTA ROS BEACH FL 32459

Title	D
Name	THOMASON, JUNE
Address	4575 NAUTICAL CT.
City-State-Zip:	DESTIN FL 32541-5321

Title	D/S/T
Name	STUECKEN, LARRY D
Address	310 BEACH DR., P.O. BOX 5186
City-State-Zip:	DESTIN FL 32540

Title	D/VP
Name	SACHS, COLLEEN C
Address	1394 COUNTY RD 283S BLDG. 4
City-State-Zip:	SANTA ROSA BEACH FL 32459

Title	D/MNGR
Name	LUCAS, PENNIE
Address	112 LYNN DR
City-State-Zip:	SANTA ROSA BEACH FL 32459

Title	DIRECTOR
Name	YOUNG, MICHAEL
Address	420 LEGRAND DRIVE
City-State-Zip:	PANAMA CITY BEACH FL 32419

Title	DIRECTOR
Name	RESTER, JIM
Address	176 WEST BERMUDA DR.
City-State-Zip:	SANTA ROSA BEACH FL 32459

Title	DIRECTOR
Name	HYDE, J. PETE REV.
Address	3524 W. HWY. 98 P.O. BOX 1723
City-State-Zip:	SANTA ROSA BEACH FL 32459-1723

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*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:** LARRY D. STUECKEN**SECRETARY/TREASURER** 01/27/2013

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name TURNIPSEED, SPENCER PASTOR  
Address 1290 COUNTY RD. 395  
City-State-Zip: SANTA ROSA BEACH FL 32459  
  
Title D/HONORARY  
Name MOREAU, ED  
Address P.O. BOX 2000  
City-State-Zip: SANTA ROSA BEACH FL 32459-2000

Title DIRECTOR  
Name HEALY, FRANKIE  
Address 8003 LEGEND CREEK DR.  
City-State-Zip: DESTIN FL 32550  
  
Title D/HONORARY  
Name POTTER, PAT  
Address 568 ALLEN LOOP  
City-State-Zip: SANTA ROSA BEACH FL 32459