

2014 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//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, SECRETARY
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**TREASURER****03/25/2014**

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 POTTER, PAT
Address 568 ALLEN LOOP
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 JOHNSON, KEVIN FATHER
Address ST. RITA'S CATHOLIC CHURCH
City-State-Zip: SANTA ROSA BEACH FL 32459