

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$81.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$235.25).

FILED
Aug 12 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **739260** (8)
1. Corporation Name
SHARE WITH A NEIGHBOR, INC.

Principal Place of Business 18200 S.W. 29TH STREET DUNNELLON FL 34432	Mailing Address 19200 S.W. 29TH STREET DUNNELLON FL 34432
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2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 06/15/1977		3a. Date of Last Report 03/19/1996	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 59-1740340		Applied For <input type="checkbox"/> Not Applicable	
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip 24		Country 25		Zip 29		Country 30	

9. Name and Address of Current Registered Agent DIEDRICKS, GEORGE F 19200 SW 29TH STREET DUNNELLON FL 34432				10. Name and Address of New Registered Agent			
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)			
83				84 City			
				FL 85 Zip Code			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DIEDRICKS, GEORGE F			1.2 NAME			
STREET ADDRESS	19200 SW 29TH STREET			1.3 STREET ADDRESS			
CITY-ST-ZIP	DUNNELLON FL 34432			1.4 CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FORTIER, ALBERT			2.2 NAME			
STREET ADDRESS	13313 SW 18TH STREET			2.3 STREET ADDRESS			
CITY-ST-ZIP	OCALA FL 34481			2.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MUENCHHAUSEN, CATHY			3.2 NAME			
STREET ADDRESS	8726 SW 111TH TERRACE			3.3 STREET ADDRESS			
CITY-ST-ZIP	GAINESVILLE FL 32607			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MCGIRR, MARLENE			4.2 NAME			
STREET ADDRESS	7200 SW 8TH AVENUE APT. 2			4.3 STREET ADDRESS			
CITY-ST-ZIP	GAINESVILLE FL 32607			4.4 CITY-ST-ZIP			
TITLE	SD	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KELLEY, ROBERT			5.2 NAME			
STREET ADDRESS	23988 SW LAKELAND HEIGHTS AVENUE			5.3 STREET ADDRESS			
CITY-ST-ZIP	DUNNELLON FL 34431			5.4 CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WHITE, DOROTHY A			6.2 NAME			
STREET ADDRESS	19200 SW 29TH STREET			6.3 STREET ADDRESS			
CITY-ST-ZIP	DUNNELLON FL 34432			6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

GEORGE F. DIEDRICKS

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ELMER IRWIN
23130 SW SEA CLIFF AV.
DUNNELLON FL 34431