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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 739260

1. Corporation Name

SHARE WITH A NEIGHBOR, INC.

Principal Place of Business

19200 S.W. 29TH STREET  
DUNNELLON FL 34432

Mailing Address

19200 S.W. 29TH STREET  
DUNNELLON FL 34432



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	06/15/1977
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	59-1740340
24 Country	29 Country	Applied For
	30	Not Applicable
5. Certificate of Status Desired		\$8.75 Additional Fee Required
6. Election Campaign Financing		\$5.00 May Be Added to Fees
Trust Fund Contribution		

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	1.1 TITLE	
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	2.1 TITLE	
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	3.1 TITLE	
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	4.1 TITLE	
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	5.1 TITLE	
NAME	MEHR, ROBERT	5.2 NAME	
STREET ADDRESS	4040 S.W. 189 AVENUE	5.3 STREET ADDRESS	
CITY-ST-ZIP	DUNNELLON FL 34432	5.4 CITY-ST-ZIP	
TITLE	T	6.1 TITLE	
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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)