

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 02, 2002 8:00 am**  
**Secretary of State**

04-17-2002 90160 014 \*\*\*\*70.00

DOCUMENT # **739260**

1. Entity Name

**SHARE WITH A NEIGHBOR INC.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**19100 SW 29<sup>th</sup> ST.**

3. Mailing Address

Suite, Apt. #, etc.

City & State

**DUNNELTON FL.**

City & State

Zip

**34432**

Country

**MARION**

4. FEI Number

**59-1740340**

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

7. Name and Address of Current Registered Agent

Name **GEORGE F. DIEDRICKS**

Street Address (P.O. Box Number is Not Acceptable)

**19100 SW 29<sup>th</sup> ST.**

City

**DUNNELTON**

FL

Zip Code

**34432**

**DO NOT WRITE  
IN THIS SPACE**

8. 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

*George F. Diedricks*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**4/9/02**

DATE

**FEE IS \$61.25**

**Initial or Amended UBR**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

TITLE <b>D</b>	<b>PRESIDENT.</b>
NAME <b>GEORGE F. DIEDRICKS</b>	
STREET ADDRESS <b>19100 SW 29<sup>th</sup> ST. DUNNELTON FL.</b>	
CITY-ST-ZIP <b>34432</b>	
TITLE <b>D</b>	<b>VICE PRESIDENT</b>
NAME <b>SARA ASHCRAFT</b>	
STREET ADDRESS <b>19100 SW 29<sup>th</sup> ST. DUNNELTON FL.</b>	
CITY-ST-ZIP <b>34432</b>	
TITLE <b>T</b>	<b>TREASURER.</b>
NAME <b>DOROTHY A. WHITE</b>	
STREET ADDRESS <b>19100 SW 29<sup>th</sup> ST. DUNNELTON FL.</b>	
CITY-ST-ZIP <b>34432</b>	
TITLE <b>T</b>	<b>SECRETARY</b>
NAME <b>MARLENE MCGIRR</b>	
STREET ADDRESS <b>111 PHASE GAINSVILLE FL.</b>	
CITY-ST-ZIP <b>34432</b>	
TITLE <b>T</b>	<b>CATY MUENCHHAUSEN</b>
NAME <b>19100 SW 29<sup>th</sup> ST. DUNNELTON FL.</b>	
STREET ADDRESS <b>34432</b>	
CITY-ST-ZIP <b>34432</b>	
TITLE <b>T</b>	
NAME	
STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. 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 report or supplemental 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

*George F. Diedricks*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**GEORGE F. DIEDRICKS**

Date

**5/9/02**

Daytime Phone #

**352-489-3670**

CR2E037B (12/01)