

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003821

FILED  
Mar 02, 2009  
Secretary of State

Entity Name: SHARING FACILITY INCORPORATION

## Current Principal Place of Business:

2897 HARSON WAY  
FT. PIERCE, FL 34946

## New Principal Place of Business:

## Current Mailing Address:

2897 HARSON WAY  
FT. PIERCE, FL 34946

## New Mailing Address:

FEI Number: 65-1090968

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

COX, ANGEL  
2897 HARSON WAY  
FT. PIERCE, FL 34946 US

## Name and Address of New Registered Agent:

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

## OFFICERS AND DIRECTORS:

Title: P/D ( ) Delete  
Name: COX, ANGEL  
Address: 3720 TANAGER PLACE  
City-St-Zip: FORT PIERCE, FL 34982

Title: BM ( ) Delete  
Name: HUMPREY, RACQUEL  
Address: 7405 PALOMAR  
City-St-Zip: FORT PIERCE, FL 34951

Title: S ( ) Delete  
Name: CAMPBELL, BEVERLY  
Address: 33 VIRIGINA PARK  
City-St-Zip: FT. PIERCE, FL 34947

Title: VP/D ( ) Delete  
Name: BURR, LAKEISHA  
Address: 922 MINEOLA  
City-St-Zip: MIMOLA, FL 34719 US

Title: T ( ) Delete  
Name: FOXX, DEBORH  
Address: 5419 NW EDGE WATER AVE.  
City-St-Zip: PT. ST. LUCIE, FL 34983

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change ( ) Addition  
Name: COX, ANGEL  
Address: 2897 HARSON WAY  
City-St-Zip: FORT PIERCE, FL 34946

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ANGEL COX

P/D

03/02/2009

Electronic Signature of Signing Officer or Director

Date