

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
May 09, 2009
Secretary of State

DOCUMENT# N01000003821

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: 2897 HARSON WAY
City-St-Zip: FORT PIERCE, FL 34946**Title:** BM (X) 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: MIMEOLA, 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:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** S (X) Change () Addition
Name: COX, ANGEL
Address: 2897 HARSON WAY
City-St-Zip: FT. PIERCE, FL 34946**Title:** VP/D (X) Change () Addition
Name: COX, ANGEL
Address: 2897 HARSON WAY
City-St-Zip: FT. PIERCE, FL 34946 US**Title:** T (X) Change () Addition
Name: COX, ANGEL
Address: 2897 HARSON WAY
City-St-Zip: FT. PIERCE, FL 34946

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

ADM

05/09/2009

Electronic Signature of Signing Officer or Director

Date