

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90031 018 ****61.25

DOCUMENT # N02000009845 1. Entity Name SHARE THE CARE, INC.			
Principal Place of Business 808 WEST CENTRAL BLVD ORLANDO, FL 32805 US		Mailing Address 808 WEST CENTRAL BLVD ORLANDO, FL 32805 US	
2. Principal Place of Business - No P.O. Box # 1010 ARTHUR Avenue		3. Mailing Address 1010 Arthur Avenue	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State ORLANDO, FL		City & State ORLANDO, FL	
Zip 32804	Country USA	Zip 32804	Country USA
4. FEI Number 56-2313443		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent GRANT, MARY ELLEN 808 WEST CENTRAL BLVD ORLANDO, FL 32805		7. Name and Address of New Registered Agent Name MARY ELLEN GRANT Street Address (P.O. Box Number is Not Acceptable) 1010 ARTHUR Avenue City ORLANDO FL 32804	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE APRIL 2, 2008 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees <small>Trust Fund Contribution.</small>	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED GRANT, MARY ELLEN 808 WEST CENTRAL BLVD ORLANDO, FL 32805	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED MARY ELLEN GRANT 1010 ARTHUR Avenue ORLANDO, FL 32804
<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LUCAS, MELANIE 808 WEST CENTRAL BLVD ORLANDO, FL 32805	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MELANIE Lucas 1010 ARTHUR Avenue ORLANDO, FL 32804
<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CHEPENIK, JASON 808 WEST CENTRAL BLVD. ORLANDO, FL 32805	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Jason CHEPENIK 1010 ARTHUR Avenue ORLANDO, FL 32804
<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MORLAN, HAROLD E II 808 W CENTRAL BLVD. ORLANDO, FL 32805	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HAROLD E. MORLAN II 1010 ARTHUR Avenue ORLANDO, FL 32804
<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GROVER, CLARA MARGARET 808 W CENTRAL BLVD. ORLANDO, FL 32805	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Richard W. Miles 1010 ARTHUR Avenue ORLANDO, FL 32804
<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GROVER, CLARA MARGARET 808 W CENTRAL BLVD. ORLANDO, FL 32805	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Richard W. Miles 1010 ARTHUR Avenue ORLANDO, FL 32804
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date April 2, 2008 (407) 423-5311 <small>Daytime Phone #</small>	