2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2009
Secretary of State

DOCUMENT# N02000009845

Entity Name: SHARE THE CARE, INC.

Current Principal Place of Business:

1010 ARTHUR AVE
ORLANDO, FL 32804 US

New Principal Place of Business:

Current Mailing Address:

1010 ARTHUR AVE
ORLANDO, FL 32804 US

New Mailing Address:

FEI Number: 56-2313443 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GRANT, MARY ELLEN
1010 ARTHUR AVE
ORLANDO, FL 32804 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: ED ( ) Delete
Name: GRANT, MARY ELLEN
Address: 1010 ARTHUR AVE
City-St-Zip: ORLANDO, FL 32804 US

Title: P ( ) Delete
Name: LUCAS, MELANIE
Address: 1010 ARTHUR AVE
City-St-Zip: ORLANDO, FL 32804 US

Title: T ( ) Delete
Name: CHEPENIK, JASON
Address: 1010 ARTHUR AVE
City-St-Zip: ORLANDO, FL 32804 US

Title: S ( ) Delete
Name: MORLAN, HAROLD E II
Address: 1010 ARTHUR AVE
City-St-Zip: ORLANDO, FL 32804 US

Title: V ( ) Delete
Name: MILES, RICHARD W
Address: 1010 ARTHUR AVE
City-St-Zip: ORLANDO, FL 32804

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

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: MARY ELLEN GRANT ED 04/08/2009

Electronic Signature of Signing Officer or Director — Date