

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009436

FILED
Mar 07, 2008
Secretary of State

Entity Name: SHARE A DREAM FOUNDATION, INC.

Current Principal Place of Business:

9301 SW 101ST AVENUE
GAINESVILLE, FL 326085919 US

New Principal Place of Business:

Current Mailing Address:

9301 SW 101ST AVENUE
GAINESVILLE, FL 326085919 US

New Mailing Address:

FEI Number: 20-1719918

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SEARS, MARK A
9301 SW 101ST AVENUE
GAINESVILLE, FL 326085919 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: PST () Delete
Name: SEARS, MARK A
Address: 9301 SW 101ST AVENUE
City-St-Zip: GAINESVILLE, FL 326085919 US

Title: D () Delete
Name: TRUHLICKA, JOANN E
Address: 2500 21ST ST NW # 91
City-St-Zip: WINTER HAVEN, FL 33881 US

Title: D () Delete
Name: ROLLINS, WALLACE E
Address: 2500 21ST ST NW # 91
City-St-Zip: WINTER HAVEN, FL 33881 US

Title: D () Delete
Name: SEARS, WANDA F
Address: 9301 SW 101ST AVE
City-St-Zip: GAINESVILLE, FL 32608 US

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:

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: MARK A SEARS

S

03/07/2008

Electronic Signature of Signing Officer or Director

Date