

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90189 013 ****61.25

DOCUMENT # N04050

1. Entity Name
SHARING & CARING, INCORPORATED



Principal Place of Business
**126 SW BEAL
FORT WALTON BEACH, FL 32548 US**

Mailing Address
**126 SW BEAL
FORT WALTON BEACH, FL 32548 US**

60036388



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01132007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-2685491

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**COCKERILL, MARY ANN
208 WRIGHT PARKWAY
FT. WALTON BEACH, FL 32548**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Delete
NAME **STRICKLAND, JANE**
STREET ADDRESS **13 CAMBRIDGE**
CITY-ST-ZIP **FORT WALTON BEACH, FL 32547**

TITLE **PD** ☒ Change ☐ Addition
NAME **BRAUN, RICHARD J**
STREET ADDRESS **25 ALEXANDRA PL**
CITY-ST-ZIP **FT WALTON BEACH, FL 32548**

TITLE **PD** ☒ Delete
NAME **THURUSH, AARON**
STREET ADDRESS **316 SUDDNTH CIR**
CITY-ST-ZIP **FORT WALTON BEACH, FL 32548**

TITLE **D** ☐ Change ☒ Addition
NAME **LOAR, MATHEW**
STREET ADDRESS **922 SHALIMAR POINTE DR**
CITY-ST-ZIP **SHALIMAR, FL 32579**

TITLE **T** ☐ Delete
NAME **BRAUN, RICHARD J**
STREET ADDRESS **25 ALEXANDRA PL**
CITY-ST-ZIP **FORT WALTON BEACH, FL 32548**

TITLE **D** ☐ Change ☒ Addition
NAME **DELVALLE, JULIA**
STREET ADDRESS **132 DOLPHIN PT RD**
CITY-ST-ZIP **NICEVILLE, FL 32578**

TITLE **D** ☒ Delete
NAME **MAYHALL, ROBERT**
STREET ADDRESS **1204 CHANTILLY CR**
CITY-ST-ZIP **NICEVILLE, FL 32578**

TITLE **D** ☐ Change ☒ Addition
NAME **MCCORT, HENRIETTA**
STREET ADDRESS **1035 E TROON DR**
CITY-ST-ZIP **NICEVILLE, FL 32578**

TITLE **D** ☒ Delete
NAME **DELLE, DIAMON**
STREET ADDRESS **109 WINSLAKE CT**
CITY-ST-ZIP **NICEVILLE, FL 32578**

TITLE **D** ☐ Change ☒ Addition
NAME **HOBBS, DOROTHY**
STREET ADDRESS **312 RAY AVE**
CITY-ST-ZIP **CRESTVIEW, FL 32536**

TITLE **D** ☐ Delete
NAME **TIMMONS, MADELINE**
STREET ADDRESS **3270 PLEASANT TERR**
CITY-ST-ZIP **CRESTVIEW, FL 32539**

TITLE **D** ☐ Change ☒ Addition
NAME **BARNETT, JERRY**
STREET ADDRESS **310 OAKLAKE LN**
CITY-ST-ZIP **NICEVILLE, FL 32578**

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: **RICHARD J BRAUN**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/07 859/243-6286
Date Daytime Phone #