

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90332 024 \*\*\*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

40083853



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01062008 Chg-NP CR2E037 (12/06)

4. FEI Number  
59-2685491

Applied For  
Not Applicable

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, 2008**

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 LOAR, MATHEW  
STREET ADDRESS 922 SHALIMAR POINTE DR  
CITY-ST-ZIP SHALIMAR, FL 32579

TITLE D ☐ Change ☒ Addition  
NAME THURSH, AARON  
STREET ADDRESS 316 SUDBUTH CIRCLE  
CITY-ST-ZIP FT WALTON BEACH, FL 32548

TITLE D ☒ Delete  
NAME DEVALLE, JULIA  
STREET ADDRESS 132 DOLPHIN PT RD  
CITY-ST-ZIP NICEVILLE, FL 32578

TITLE D ☐ Change ☒ Addition  
NAME SPENCE, FREIDA  
STREET ADDRESS 810 SPENCE CIR.  
CITY-ST-ZIP NICEVILLE, FL 32578

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

TITLE D ☐ Change ☒ Addition  
NAME SABER, LINDA  
STREET ADDRESS 1811 CHANTILLY CIR.  
CITY-ST-ZIP NICEVILLE, FL 32578

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

TITLE D ☐ Change ☒ Addition  
NAME GOLDEN, PAULINE  
STREET ADDRESS 4024 BEAR CREEK RD  
CITY-ST-ZIP CRESTVIEW, FL 32539

TITLE D ☒ Delete  
NAME HOBBS, DOROTHY,  
STREET ADDRESS 312 RAY AVE  
CITY-ST-ZIP CRESTVIEW, FL 32536

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 RICHARD J. BRAUN 4/24/08 850/243-6286  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #