

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04050

FILED
Feb 14, 2009
Secretary of State

Entity Name: SHARING & CARING, INCORPORATED

Current Principal Place of Business:

126 SW BEAL
FORT WALTON BEACH, FL 32548 US

New Principal Place of Business:

Current Mailing Address:

126 SW BEAL
FORT WALTON BEACH, FL 32548 US

New Mailing Address:

FEI Number: 59-2685491

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COCKERILL, MARY ANN
208 WRIGHT PARKWAY
FT. WALTON BEACH, FL 32548 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: D () Delete
Name: THRUSH, AARON
Address: 316 SUDBUTH CIR
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: D () Delete
Name: SPENCE, FREIDA
Address: 810 SPENCE CIR
City-St-Zip: NICEVILLE, FL 32578

Title: PD () Delete
Name: BRAUN, RICHARD J
Address: 25 ALEXANDRA PL
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: D () Delete
Name: MCCORT, HENRIETTA
Address: 1035 E TROON DR
City-St-Zip: NICEVILLE, FL 32578

Title: D () Delete
Name: SABER, LINDA
Address: 1211 CHANTILLY CIR
City-St-Zip: NICEVILLE, FL 32578

Title: D () Delete
Name: TIMMONS, MADELINE
Address: 3270 PLEASANT TERR
City-St-Zip: CRESTVIEW, FL 32539

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: STRICKLAND, JANE
Address: 13 CAMBRIDGE
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: LOUGHRIGE, JOYCE M
Address: 2559 PALM SHORES BLVD.
City-St-Zip: SHALIMAR, FL 32579

Title: D (X) Change () Addition
Name: MARSTON, ROBIN
Address: 3508 SHIRLEY COURT
City-St-Zip: CRESTVIEW, FL 32539

Title: PD (X) Change () Addition
Name: SABER, LINDA
Address: 1211 CHANTILLY CIR
City-St-Zip: NICEVILLE, FL 32578

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: JOYCE LOUGHRIGE

TD

02/14/2009

Electronic Signature of Signing Officer or Director

Date