

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04050

FILED
Feb 06, 2010
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
Name: SAWYER, ANTHONY
Address: 502 DONA AVENUE
City-St-Zip: FORT WALTON BEACH, FL 32547

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

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

Title: D
Name: MARSTON, ROBIN
Address: 3508 SHIRLEY COURT
City-St-Zip: CRESTVIEW, FL 32539

Title: PD
Name: SABER, LINDA
Address: 1211 CHANTILLY CIR
City-St-Zip: NICEVILLE, FL 32578

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

I hereby 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 all other like empowered.

SIGNATURE: JOYCE LOUGHRIGE

TD

02/06/2010

Electronic Signature of Signing Officer or Director

Date