2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 23, 2008
Secretary of State

DOCUMENT# N06000011948

Entity Name: SHARE & CARE FOUNDATION INC

Current Principal Place of Business:

3705 MIRKWOOD ST
MIMS, FL 32754

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 621568
ORLANDO, FL 32862

New Mailing Address:

P.O. BOX 232
MIMS, FL 32754

FEI Number: 33-1148464 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

PADMANABHAN, SRINIVASA G
3705 MIRKWOOD ST
MIMS, FL 32754 US

Name and Address of New Registered Agent:

VANGAL, SRINIVAS
3705 MIRKWOOD ST
MIMS, FL 32754 US

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: SRINIVAS VANGAL 10/23/2008
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	PADMANABHAN, SRINIVASA G	
Address:	3705 MIRKWOOD ST	
City-St-Zip:	MIMS, FL 32754	
Title:	VP	( ) Delete
Name:	PADMANABHAN, ANANDHI	
Address:	3705 MIRKWOOD ST	
City-St-Zip:	MIMS, FL 32754	
Title:	D	( ) Delete
Name:	ANDERSON, DUANE	
Address:	216 NORTH WOODLAND BLVD	
City-St-Zip:	DE LAND, FL 32720	
Title:	D	(X) Delete
Name:	KOSTA, BRUNIE	
Address:	1325 CAPRI DR	
City-St-Zip:	PANAMA CITY, FL 32405	
Title:	D	(X) Delete
Name:	KOSTA, MARK	
Address:	1325 CAPRI DR	
City-St-Zip:	PANAMA CITY, FL 32405	
Title:	D	( ) Delete
Name:	ACOSTA, LUISA S	
Address:	1040 W 2ND AVE	
City-St-Zip:	WINDERMERE, FL 34786	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	P	(X) Change ( ) Addition
Name:	VANGAL, SRINIVAS	
Address:	3705 MIRKWOOD ST	
City-St-Zip:	MIMS, FL 32754	
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:		
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: SRINIVAS VANGAL P 10/23/2008
Electronic Signature of Signing Officer or Director Date