

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000011948

FILED
Aug 31, 2009
Secretary of State

Entity Name: SHARE & CARE FOUNDATION INC

Current Principal Place of Business:

3705 MIRKWOOD ST
MIMS, FL 32754

New Principal Place of Business:

301 S NEW YORK AVE
200
WINTER PAKR, FL 32789

Current Mailing Address:

P.O. BOX 232
MIMS, FL 32754

New Mailing Address:

P.O. BOX 3301
WINTER PARK, FL 32790 US

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:

VANGAL, SRINIVAS
3705 MIRKWOOD ST
MIMS, FL 32754 US

Name and Address of New Registered Agent:

VANGAL, SRINIVAS
11009 LAXTON ST
ORLANDO, FL 32824 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: _____

08/31/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: VANGAL, SRINIVAS
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 () 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: P. O BOX 232
City-St-Zip: MIMS, FL 32754

Title: VP (X) Change () Addition
Name: PADMANABHAN, ANANDHI
Address: P.O. BOX 232
City-St-Zip: MIMS, FL 32754

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: ANANDHI PADMANABHAN

VP

08/31/2009

Electronic Signature of Signing Officer or Director

Date