

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90092 047 ****70.00

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DOCUMENT # N06000012375 1. Entity Name SHARING TOGETHER OUR RESOURCES AND MEANS, INC.					
Principal Place of Business C/O NATURE COAST VOLUNTEER CENTER 2804 W. ARC KNIGHTON COURT STE B127 LECANTO, FL 34461-8334			Mailing Address C/O NATURE COAST VOLUNTEER CENTER 2804 W. ARC KNIGHTON COURT STE B127 LECANTO, FL 34461-8334		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. 2804 W MARC KNIGHTON CT		3. Mailing Address 2804 W MARC KNIGHTON CT Suite, Apt. #, etc. STE B127		02272007 Chg-NP CR2E037 (12/06)	
City & State STE B127		City & State		4. FEI Number 74-3203215	
Zip Country		Zip Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WHEELER, BARBARA C/O NATURE COAST VOLUNTEER CENTER 2804 W. ARC KNIGHTON COURT STE B127 LECANTO, FL 34461-8334				7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	DP DAVIS, JAMES M.C. <input type="checkbox"/> Delete 2804 W MARC KNIGHTON CT STE B127 LECANTO, FL 34461			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV CLARKE, LYNNE <input type="checkbox"/> Delete 3600 W SOVEREIGN PATH STE 147 LECANTO, FL 34461			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST WHEELER, BARBARA <input type="checkbox"/> Delete 320 TULIP LANE INVERNESS, FL 34452			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:				2/28/07 Date Daytime Phone #	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					