



# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2008 8:00 am**  
**Secretary of State**

04-24-2008 90101 008 \*\*\*\*61.25

<b>DOCUMENT #N06000012375</b>					
<b>1. Entity Name</b> SHARING TOGETHER OUR RESOURCES AND MEANS, INC.					
<b>Principal Place of Business</b> C/O NATURE COAST VOLUNTEER CENTER 2804 W. ARC KNIGHTON COURT STE B127 LECANTO, FL 34461-8334			<b>Mailing Address</b> C/O NATURE COAST VOLUNTEER CENTER 2804 W. ARC KNIGHTON COURT STE B127 LECANTO, FL 34461-8334		
<b>2. Principal Place of Business - No P.O. Box #</b> 40 LECANTO GOV'T BLDG		<b>3. Mailing Address</b> 40 LECANTO GOV'T BLDG			
Suite, Apt. #, etc. 3600 W SOVEREIGN PATH		Suite, Apt. #, etc. 3600 W SOVEREIGN PATH		04112008    Chg-NP    CR2E037 (12/06)	
<b>City &amp; State</b> LECANTO FL		<b>City &amp; State</b> LECANTO FL		<b>4. FEI Number</b> 74-3203215	
<b>Zip</b> 34461		<b>Country</b> CITRUS		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  WHEELER, BARBARA C/O NATURE COAST VOLUNTEER CENTER 2804 W. ARC KNIGHTON COURT STE B127 LECANTO, FL 34461-8334			<b>7. Name and Address of New Registered Agent</b> Name: WHEELER, BARBARA Street Address (P.O. Box Number is Not Acceptable): 40 LECANTO GOV'T BUILDING 6 3600 W SOVEREIGN PATH City: LECANTO FL    Zip Code: 34461		
<b>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.</b>  SIGNATURE: <u>Barbara Wheeler</u> BARBARA WHEELER    4/11/08 <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
<b>TITLE</b> DP	<b>NAME</b> DAVIS, JAMES M.C.			<input type="checkbox"/> Delete	
<b>STREET ADDRESS</b> 2804 W MARC KNIGHTON CT STE B127	<b>CITY - ST - ZIP</b> LECANTO, FL 34461				
<b>TITLE</b> DV	<b>NAME</b> CLARKE, LYNNE			<input type="checkbox"/> Delete	
<b>STREET ADDRESS</b> 3600 W SOVEREIGN PATH STE 147	<b>CITY - ST - ZIP</b> LECANTO, FL 34461				
<b>TITLE</b> DST	<b>NAME</b> WHEELER, BARBARA			<input type="checkbox"/> Delete	
<b>STREET ADDRESS</b> 320 TULIP LANE	<b>CITY - ST - ZIP</b> INVERNESS, FL 34452				
<b>TITLE</b> NAME	<b>STREET ADDRESS</b> CITY - ST - ZIP			<input type="checkbox"/> Delete	
<b>TITLE</b> NAME	<b>STREET ADDRESS</b> CITY - ST - ZIP			<input type="checkbox"/> Delete	
<b>TITLE</b> NAME	<b>STREET ADDRESS</b> CITY - ST - ZIP			<input type="checkbox"/> Delete	
<b>TITLE</b> NAME	<b>STREET ADDRESS</b> CITY - ST - ZIP			<input type="checkbox"/> Delete	
<b>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.</b>					
<b>SIGNATURE:</b> <u>Barbara Wheeler</u> BARBARA WHEELER    4/11/08    352-860-2308 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #</small>					