2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 30, 2009
Secretary of State

DOCUMENT# N07000000200

Entity Name: CARING AND SHARING MINISTRY INC.

Current Principal Place of Business:

847 NW WILSON STREET
LAKE CITY, FL 32055

New Principal Place of Business:

Current Mailing Address:

847 NW WILSON STREET
LAKE CITY, FL 32055

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **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:

HENRY, GWENDOLYN A
847 NW WILSON STREET
LAKE CITY, FL 32055 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:	S	( ) Delete
Name:	ALSTON, WANDA L	
Address:	708 N.W. WILSON ST	
City-St-Zip:	LAKE CITY, FL 32055	
Title:	P	( ) Delete
Name:	HENRY, GWENDOLYN A	
Address:	847 NW WILSON STREET	
City-St-Zip:	LAKE CITY, FL 32055	
Title:	D	( ) Delete
Name:	JACKSON, VALENTINE	
Address:	1728 N.W. MOORE ROAD	
City-St-Zip:	LAKE CITY, FL 32055	
Title:	D	( ) Delete
Name:	MCGUIRE, COREASE	
Address:	P.O. BOX 681	
City-St-Zip:	ALUCHA, FL 32616	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: GWENDOLYN A. HENRY PRES 07/30/2009
Electronic Signature of Signing Officer or Director — Date