

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000004127

FILED  
Apr 23, 2009  
Secretary of State

Entity Name: THE SHARING FOUNDATION, INC.

**Current Principal Place of Business:**

16 CASTLE CT.  
FT. PIERCE, FL 34949

**New Principal Place of Business:**

**Current Mailing Address:**

16 CASTLE CT.  
FT. PIERCE, FL 34949

**New Mailing Address:**

FEI Number: 20-8997628

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CRIPPEN, STANDISH C.  
16 CASTLE CT.  
FT. PIERCE, FL 34949 US

**Name and Address of New Registered Agent:**

CAVALCANTI, GLYNDA  
315 AVE A  
FORT PIERCE, FL 34950 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: GLYNDA CAVALCANTI

04/23/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: MGR ( ) Delete  
Name: CRIPPER, STANDIE L  
Address: 16 CASTLE CT  
City-St-Zip: FORT PIERCE, FL 34949

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: MGR (X) Change ( ) Addition  
Name: CRIPPEN, STANDISH  
Address: 16 CASTLE CT  
City-St-Zip: FORT PIERCE, FL 34949

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: STANDISH CRIPPEN

MGR

04/23/2009

Electronic Signature of Signing Officer or Director

Date