

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 30 1998 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N20613 (8)

1. Corporation Name

SHOP & SHARE, INC.

Principal Place of Business

3809 MCFARLANE DRIVE  
TALLAHASSEE FL 32303

Mailing Address

3809 MCFARLANE DRIVE  
TALLAHASSEE FL 32303

2. Principal Place of Business

21 Tallahassee, FL

Suite, Apt. #, etc.

22 We do not have office

City & State

23

Zip

Country

24

2a. Mailing Address

Suite, Apt. #, etc.

City & State

26

Zip

Country

28

Zip

Country

30

9. Name and Address of Current Registered Agent

WHITE, KATRINA  
1514 INWOOD ST.  
TALLAHASSEE FL 32301

3. Date Incorporated or Qualified

05/12/1987

4. FEI Number

59-2818804

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐

Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐

Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

Sue Spencer, President

82 Street Address (P.O. Box Number is Not Acceptable)

918 Maplewood

83

Tallahassee, FL 32303

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

*Sue Spencer*

4/29/98

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
DALEEN, IRMA  
STREET ADDRESS  
275 JOHN KNOX H101  
CITY-ST-ZIP  
TALLAHASSEE FL

TITLE ☒ DELETE

NAME  
BERGSTROM, MARGARET A  
STREET ADDRESS  
1907 BROWN STREET  
CITY-ST-ZIP  
TALLAHASSEE FL 32308

TITLE ☐ DELETE

NAME  
SPENCER, SUE  
STREET ADDRESS  
918 MAPLEWOOD  
CITY-ST-ZIP  
TALLAHASSEE FL

TITLE ☒ DELETE

NAME  
KLOS, SUE  
STREET ADDRESS  
383 CASTLETON CT  
CITY-ST-ZIP  
TALLAHASSEE FL

TITLE ☒ DELETE

NAME  
ANDERSON, JOANN L  
STREET ADDRESS  
3668 BARBASY DRIVE  
CITY-ST-ZIP  
TALLAHASSEE FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME  
Phil Williams

2.3 STREET ADDRESS  
2910 Morningside Dr  
2.4 CITY-ST-ZIP  
Tallahassee, FL 32301

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME  
Duane Clark

4.3 STREET ADDRESS  
3809 McFarlane Dr  
4.4 CITY-ST-ZIP  
Tallahassee, FL 32303

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

400002508464

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Joann L Anderson*

4/29/98 562-1481  
4/29/98 5-487-3170

CR2E037 (10/97)