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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **N39539** **(4)**

1. Corporation Name

CARING AND SHARING OF SOUTH SANTA ROSA COUNTY, I NC.

Principal Place of Business	Mailing Address
9474 NAVARRE PKWY. NAVARRE FL 32566	3372 LAUREL ST GULF BREEZE FL 32561-3328

3. Date Incorporated or Qualified: 08/14/1990
3a. Date of Last Report: 03/07/1996

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26 1110 PARK LANE
Suite, Apt. #, etc.
27
City & State
28 GULF BREEZE FL
Zip
29 32561
Country
30 USA

4. FEI Number: 59-3025811 ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

ROGERS, CHRISTINE
1 LABRISA BEACH CIR.
MARY ESTHER FL 32569

10. Name and Address of New Registered Agent

81 Name: JOHN BERTI
82 Street Address (P.O. Box Number is Not Acceptable): 1110 PARK LANE
83: G
84 City: GULF BREEZE FL 85 Zip Code: 32561

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: John Berti JOHN BERTI TREASURER 4/25/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ROGERS, CHRISTINE 1 LABRISA CIR. MARY ESTHER FL 32569	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	P DRAIN CHRISTINA 6429 FLAGLER DR GULF BREEZE FL 32561	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD BOLES, DOT 1628 LLANI COURT GULF BREEZE FL 32561	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VPD LYN LOVETT 7137 NELSON ST NAVARRE FL 32566	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD GALLAGHER, PRES 3372 LAUREL ST GULF BREEZE FL 32561	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	~~CAROL K SD~~ CAROL KALENOWSKI 2579 COVE ROAD NAVARRE, FL 32566	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD BEAL, SAMUEL R 3800 SABERTOOTH CIRCLE GULF BREEZE FL 32561	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	TD JOHN BERTI 1110 PARK LANE GULF BREEZE FL 32561	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/96)

14. I do 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: John Berti PRESIDENT JOHN BERTI 4/25/97 9049328081
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone Number