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Feb 13 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 # **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	1110 PARK LANE GULF BREEZE FL 32561 US

3. Date Incorporated or Qualified: 08/14/1990

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

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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

BERTI, JOHN
1110 PARK LANE
GULF BREEZE FL 32561

10. Name and Address of New Registered Agent

81 Name

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

83

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☒ DELETE	1.1 TITLE	P	☒ Change ☐ Addition
NAME	DRAIN, CHRISTINA		1.2 NAME	LOVETT LYN	
STREET ADDRESS	6429 FLAGLER DR.		1.3 STREET ADDRESS	7137 NELSON ST.	
CITY-ST-ZIP	GULF BREEZE FL		1.4 CITY-ST-ZIP	NAVARRE FL 32566	
TITLE	VPD	☒ DELETE	2.1 TITLE	VPD	☒ Change ☐ Addition
NAME	LOVETT, LYN		2.2 NAME	SANDLER, NANCY	
STREET ADDRESS	7137 NELSON ST.		2.3 STREET ADDRESS	1905 WILLIAMS CREEK DRIVE	
CITY-ST-ZIP	NAVARRE FL		2.4 CITY-ST-ZIP	NAVARRE FL 32566	
TITLE	SD	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	KALENOWSKI, CAROL		3.2 NAME	KALINOWSKI, CAROL	
STREET ADDRESS	2579 COVE RD.		3.3 STREET ADDRESS		
CITY-ST-ZIP	NAVARRE FL		3.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BERTI, JOHN		4.2 NAME		
STREET ADDRESS	1110 PARK LANE		4.3 STREET ADDRESS		
CITY-ST-ZIP	GULF BREEZE FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	C	☒ Change ☐ Addition
NAME			5.2 NAME	DRAIN, CHRISTINA	
STREET ADDRESS			5.3 STREET ADDRESS	6429 FLAGLER DR	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	GULF BREEZE FL 32561	
TITLE		☐ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME			6.2 NAME	JOAN BEAL	
STREET ADDRESS			6.3 STREET ADDRESS	1297 GREEN VISTA LANE	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	GULF BREEZE FL 32561	

CR2E037 (10/97)

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: John Berti Feb 5, 1998 850-932-8081