FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 01, 1999 8:00 am
Secretary of State
06-01-1999 90026 027 ****61.25

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DOCUMENT # **N39539**

1. Corporation Name

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

567367 - 90026 - 27

Principal Place of Business	Mailing Address
9474 NAVARRE PKWY. NAVARRE FL 32566	1110 PARK LANE GULF BREEZE FL 32561 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 08/14/1990
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3025811 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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 John C. Berti 4/27/99
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	P	☐ DELETE	1.1 TITLE	D	☑ Change ☐ Addition
NAME	LOVETT, LYN		1.2 NAME		
STREET ADDRESS	7137 NELSON ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	NAVARRE FL 32566		1.4 CITY-ST-ZIP		
TITLE	~~VPD~~	☐ DELETE	2.1 TITLE	P	☑ Change ☐ Addition
NAME	SANDLER, NANCY		2.2 NAME		
STREET ADDRESS	1905 WILLIAMS CREEK DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	NAVARRE FL 32566		2.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE	SD	☑ Change ☐ Addition
NAME	KALINOWSKI, CAROL		3.2 NAME	JOHN SCOLARI	
STREET ADDRESS	2579 COVE RD.		3.3 STREET ADDRESS	8211 RIVERSIDE LANDING LANE	
CITY-ST-ZIP	NAVARRE FL		3.4 CITY-ST-ZIP	NAVARRE FL 32566	
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	~~D~~	☐ DELETE	5.1 TITLE	VPD	☑ Change ☐ Addition
NAME	DRAIN, CHRISTINA		5.2 NAME		
STREET ADDRESS	6429 FLAGLER DR		5.3 STREET ADDRESS		
CITY-ST-ZIP	GULF BREEZE FL 32561		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	BEAL, JOAN		6.2 NAME		
STREET ADDRESS	1297 GREEN VISTA LANE		6.3 STREET ADDRESS		
CITY-ST-ZIP	GULF BREEZE FL 32561		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 4/27/99 8509328081
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #