DOCUMENT # N39539

1. Entity Name

CARING AND SHARING OF SOUTH SANTA ROSA COUNTY, I

FILED Mar 28, 2001 8:00 am \$ Secretary of State 03-28-2001 90202 035 ****61.25

Drinning I Die	and Durings	14-90- Address							
·	ce of Business	Mailing Address							
9474 NAVARRE PKWY. NAVARRE FL 32566		1129 WILLOWOOD CIRCLE GULF BREEZE FL 32561 US			1 (5 0 145 0) 100 1411 0 1 0			Ali Albii IEPI	
2. Principal Place of Business		3. Mailing Address 9474 NAVARRE PKWY Suite, Apt. #, etc.		Jy					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State		City& State NAVARRE, FL			4. FEI Number 59-30	FEI Number 59-3025811 Applied For Not Applicable			
Zip	Country	32.566	SANTARO	×A	5. Çertificate of Status D	Desired	\$8.75 Add	ditional	
	6. Name and Address of Current				7. Name and Address	of New Registered	Agent		
			Name	1000	L. HARA	216			
BERTI, JOHN				Street Address (P.O. Box Number is Not Acceptable)					
1129 WILLOWOOD CIRCLE				1/20	/)	1			
GULF BREEZE FL 32561				1120 WILLOWOOD CIRCLE					
			City (1/20 WILLOWOOD CIRCLE City GULF BREGZE FL Zin Code 32561					
8. The above	e named entity submits this statement for	r the purpose of changing its							
		the perpose of orienging he	. ogloter so omos e	5. TO 9. O.O.	a agent, or board in the or				
	$\langle 1 \rangle$. $\langle D \gamma I \rangle$					7/ /			
SIGNATURE	_ Zan Z. Xan	ris			-	-/27/0	21		
	Signature, typed of printed name of registered agent a	and title if applicable. (NOT	E: Registered Agent signa	ature required s	when reinstating)	CATE			
		T	 						
	FILE NOW:	Financing	\$5.00	May Be	Make Check	Payable to			
	FEE IS \$61.25	Trust Fund Contrib	oution.	Added	to Fees	Department	of State		
	OFFICERS AND DIR	I			DDITIONO (OLIANOSO 70	OFFICERO AND DI	DEOTOGO (N	10	
TITLE	OFFICERS AND DIR	Delete	11.	T -	DDITIONS/CHANGES TO	OFFICERS AND DI	Change	☐ Addition	
NAME	SANDLER, NANCY	□ Delete	NAME	DIRE	ECTUR		· Change	☐] Madition]	
STREET ADDRESS	1905 WILLIAMS CREEK DR		STREET ADDRESS	i					
CITY-ST-ZIP	NAVARRE FL 32566		CITY-ST-ZIP						
TITLE	SD	Delete	TITLE	0			Change	Addition	
NAME	SCOLARI, JOHN	Delete	NAME	BOR	BI HAYCOX		☐ Glidige		
STREET ADDRESS	8211 RIVERSIDE LANDING LANE		STREET ADDRESS	1326	GAGEN VISTA	g LANG		ĺ	
~ CITY-ST-ZIP	NAVARRE FL 32566		CITY-ST-ZIP	Gus	BI HAYCOX BAGENVISTA F-BAGEZE	FL 32561	<u> - حب</u>		
TITLE	TD	☐ Delete	TITLE	<u> </u>		<u> </u>	Change	Addition	
NAME	BERTI, JOHN		NAME	1		1.0015		i	
STREET ADDRESS	1110 PARK LANE		STREET ADDRESS						
CITY-ST-ZIP			21HEEL WOOKE22	1/29	WILLOWOOD	C //404.6			
	GULF BREEZE FL		CITY-ST-ZIP	1/29	WILLOWOOD				
TITLE	GULF BREEZE FL VPD	∠ Delete		Sec	RETARU		☐ Change	Addition	
TITLE NAME	GULF BREEZE FL VPD DRAIN, CHRISTINA	⊠ Delete	CITY-ST-ZIP TITLE NAME	SECI	RETARY LIE ROGERS		☐ Change	Addition	
TITLE NAME STREET ADDRESS	GULF BREEZE FL VPD DRAIN, CHRISTINA 6429 FLAGLER DR	∠ Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS	SECI NATA 4030	RETARY LIE ROGERS BOUND POINTE	DR.		Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GULF BREEZE FL VPD DRAIN, CHRISTINA 6429 FLAGLER DR GULF BREEZE FL 32561		CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	560 NATA 4030 GUL	RETARY LIE ROGERS GOUND POINTE F BREGZE,	DR.	/		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	GULF BREEZE FL VPD DRAIN, CHRISTINA 6429 FLAGLER DR GULF BREEZE FL 32561 D	₩ Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	SECI NATA 4030 GUL DIRE	RETARY LIE ROGERS 60UND POINTE F BREGZE, ECTOR	DR.		Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	GULF BREEZE FL VPD DRAIN, CHRISTINA 6429 FLAGLER DR GULF BREEZE FL 32561 D BEAL, JOAN		CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	SECI NATA 4030 GUL DIRE	RETARY LIE ROGERS BOUND POINTE F BREGZE, ICTOR E NOLAN	DR.	/		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	GULF BREEZE FL VPD DRAIN, CHRISTINA 6429 FLAGLER DR GULF BREEZE FL 32561 D BEAL, JOAN 1297 GREEN VISTA LANE		CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	SECI NATA 4030 GUL DIRE	RETARY NE ROGERS BOUND POINTE F BREGZE, ECTOR E NOLAN D LOUREL DR-	DR FL- 3256	/		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	GULF BREEZE FL VPD DRAIN, CHRISTINA 6429 FLAGLER DR GULF BREEZE FL 32561 D BEAL, JOAN	∕ Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECI NATA 4030 GUL DIRE JAN 3131 GUL	RETARY LIE ROGERS GOUND POINTE F BREEZE, ECTOR E NOLAN T LAUREL DR- LAUREL DR-	DR FL- 3256	<u>/</u> ☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	GULF BREEZE FL VPD DRAIN, CHRISTINA 6429 FLAGLER DR GULF BREEZE FL 32561 D BEAL, JOAN 1297 GREEN VISTA LANE		CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	SEC. NATA 4030 GUL DIRE JAN 313: GUI	RETARY LIE ROGERS BOUND POINTE F BREGZE, CTOR NOLAN LAUREL DR- NF BREEZE, PRESIDENT	DR FL - 3256 -L-32561	/		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	GULF BREEZE FL VPD DRAIN, CHRISTINA 6429 FLAGLER DR GULF BREEZE FL 32561 D BEAL, JOAN 1297 GREEN VISTA LANE	∕ Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	SEC. NATA 4030 GUL DIRE JAN 313: GUI	RETARY LIE ROGERS BOUND POINTE F BREGZE, CTOR NOLAN LAUREL DR- NF BREEZE, PRESIDENT	DR FL - 3256 -L-32561	<u>/</u> ☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	GULF BREEZE FL VPD DRAIN, CHRISTINA 6429 FLAGLER DR GULF BREEZE FL 32561 D BEAL, JOAN 1297 GREEN VISTA LANE	∕ Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	SECI NATA FO30 GUL DIRE JAN 313: GUI VICE NAT	RETARY LIE ROGERS BOUND POINTE F BREEZE, ECTOR E NOLAN LAUREL DR- LAUREL DR- PRESIDENT	DR FL - 3256 L-32561 CIRCLE	<u>/</u> ☐ Change	Addition	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

850-916-0431