2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2004 8:00 am
Secretary of State
03-18-2004 90034 014 ****61.25

DOCUMENT # N39539

1. Entity Name
CARING AND SHARING OF SOUTH SANTA ROSA COUNTY, INC.

Principal Place of Business	Mailing Address
COMMUNITY LIFE CENTER 4115 SOUNDSIDE DR. GULF BREEZE, FL 32563	PO BOX 5521 NAVARRE, FL 32566

03162004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3025811 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WOODRICK, JOAN M
1317 GREENVISTA LA.
GULF BREEZE, FL 32563

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SANDLER, NANCY 1905 WILLIAMS CREEK DR NAVARRE, FL 32566	☐ Delete	S	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HAYCOX, BOBBI 1328 GAGEN VISTA LN GULF BREEZE, FL 32561	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD WOODRICK, JOAN 1317 GREENVISTA LN. GULF BREEZE, FL 32563	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SKINNER, LEANDRA 2927 HOLLY POINT RD. NAVARRE, FL 32566	☒ Delete	D John Berti 1141 Willowwood Circle Gulf Breeze, FL 32563	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WEEKLEY, JANE 4957 SOUNDSIDE DR. GULF BREEZE, FL 32563	☒ Delete	D Fran Pickering 2528 Hilton Drive NAVARRE, FL 32566	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V ERSKINE, BEVERLY 1600 VIA DE LUNA DR. GULF BREEZE, FL 32561	☒ Delete	V Mark Beatty 1507 Cypress Bend Trail Gulf Breeze FL 32563	☐ 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: Joan M. Woodrick TREASURER (JOAN M. Woodrick) 3/16/04 850-934-3880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #