2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2006 8:00 am
Secretary of State
03-22-2006 90002 038 ****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

02052006 Chg-NP CR2E037 (11/05)

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	7. Name and Address of New Registered Agent
VINCENT, TERESA 1948 AMBASSADOR DRIVE GULF BREEZE, FL 32563	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 Teresa Vincent Teresa Vincent, Treasurer
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, 2006

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	S SANDLER, NANCY 1905 WILLIAMS CREEK DR NAVARRE, FL 32566	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1st VP Nancy Sandler 1905 Williams Creek Dr. Navarre, FL 32566 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HAYCOX, BOBBI 1328 GAGEN VISTA LN GULF BREEZE, FL 32561	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2nd VP Clark Connie 705 Palomar Dr, Pensacola, FL 32507 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T VINCENT, TERESA 1948 AMBASSADOR DRIVE GULF BREEZE, FL 32563	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BERTI, JOHN 1141 WILLIOWOOD CIRCLE GULF BREEZE, FL 32563	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Mike Sandler 1905 Williams Creek Dr. Navarre FL 32566 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PICKERING, FRAN 1528 HILTON DRIVE NAVARRE, FL 32566	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Roegner, Jean Green Vista Lane Gulf Breeze, FL 32563 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P THOMPSON, ANN 2583 HIDDEN CREEK DRIVE NAVARRE, FL 32566	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Teresa O. Vincent Teresa O. Vincent 3/20/06 850-324-0449
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #