2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2007
Secretary of State

DOCUMENT# N39539

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

Current Principal Place of Business:

COMMUNITY LIFE CENTER
4115 SOUNDSIDE DR.
GULF BREEZE, FL 32563

New Principal Place of Business:

Current Mailing Address:

PO BOX 5521
NAVARRE, FL 32566

New Mailing Address:

FEI Number: 59-3025811 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VINCENT, TERESA
1948 AMBASSADOR DRIVE
GULF BREEZE, FL 32563 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	1VP	( ) Delete
Name:	SANDLER, NANCY	
Address:	1905 WILLIAMS CRK DR	
City-St-Zip:	NAVARRE, FL 32566	
Title:	2VP	( ) Delete
Name:	CLARK, CONNIE	
Address:	705 PALOMAR DR	
City-St-Zip:	PENSACOLA, FL 32507	
Title:	T	( ) Delete
Name:	VINCENT, TERESA	
Address:	1948 AMBASSADOR DRIVE	
City-St-Zip:	GULF BREEZE, FL 32563	
Title:	D	( ) Delete
Name:	SANDLER, MIKE	
Address:	1905 WILLIAMS CRK DR	
City-St-Zip:	NAVARRE, FL 32566	
Title:	S	( ) Delete
Name:	ROEGNER, JEAN	
Address:	GREEN VISTA LN	
City-St-Zip:	GULF BREEZE, FL 32563	
Title:	P	( ) Delete
Name:	THOMPSON, ANN	
Address:	2583 HIDDEN CREEK DRIVE	
City-St-Zip:	NAVARRE, FL 32566	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TERESA VINCENT T 03/16/2007

Electronic Signature of Signing Officer or Director — Date