2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 90461 016 ****61.25

DOCUMENT # N39539

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

CHECK HERE IF MAKING CHANGES

Principal Place of Business	Mailing Address
9474 NAVARRE PKWY. NAVARRE FL 32566	9474 NAVARRE PKWY. NAVARRE FL 32566

2. Principal Place of Business	3. Mailing Address
Community Life Center	PO BOX 5521
Suite, Apt. #, etc.: 4115 Soundside Dr.	Suite, Apt. #, etc.
City & State: Gulf Breeze FL	City & State: NAVARRE FL
Zip: 32563 Country	Zip: 32566 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
HARRIS, LOIS L 1120 WILLOWOOD CIRCLE GULF BREEZE FL 32561	Name: WOODRICK, JOAN M. Street Address (P.O. Box Number is Not Acceptable): 1317 Greenvista LA. ~~Gulf Breeze~~ City: GULF BREEZE, FL Zip Code: 32563

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: Joan M Woodrick — 4/24/2003 DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25

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	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BERTI, JOHN 1129 WILLOWOOD CIRCLE GULF BREEZE FL 32561	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer (TD) JOAN WOODRICK 1317 Greenvista LA. Gulf Breeze FL 32563	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SKINNER, LEANDRA 2927 HOLLY POINT RD. NAVARRE FL 32566	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NOLAN, JANE 3137 LAUREL DR GULF BREEZE FL 32561	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Corresponding secretary (D) JANE WEEKLEY 4957 Soundside Dr. Gulf Breeze, FL 32563	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP HARRIS, NAT 1120 WILLOWOOD CIRCLE GULF BREEZE FL 32561	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V First Vice President (V) Beverly Erskine 1600 Via de Luna Dr. Pensacola Beach, FL 32561	☐ Change ☒ Addition

CR2E037 (10/02)

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.

JOAN M. WOODRICK, TREASURER

SIGNATURE: Joan M Woodrick — 04/24/2003 — 850-934-3880