SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30 1998
AMOUNT DUE ON OR BEFORE 9/30/98 $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE $78.75)

APPROVED AND FILED

98 OCT 22 PM 3:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[redacted]

NONPROFIT CORPORATION ANNUAL REPORT 1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000003299 (4)

1. Corporation Name

CARING & SHARING OF SOUTH WALTON COUNTY, INC.

Principal Place of Business	Mailing Address
LOT 22. NEALLEY BUSINESS VILLAGE SANTA ROSA BEACH FL 32459	P.O. BOX 2122 SANTA ROSA BEACH FL 32459

3. Date Incorporated or Qualified: 07/05/1994

4. FEI Number: 59-3269872 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

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

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BARTH, JAMES C. 30 SOUTH SHORE DRIVE DESTIN FL 32541	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 3000026r4943--9 -10/28/98--01088--007 84 City *****61.25 FL 85 Zip Code *****61.25

11. Pursuant to the provisions of sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
TITLE	D	☒ DELETE	1.1 TITLE	D	☐ Change ☒ Addition
NAME	MOREAU, EDWARD L		1.2 NAME	FATHER CARL BRIGHT	
STREET ADDRESS	P.O. BOX 2000 N/A		1.3 STREET ADDRESS	101 LAMB DR	
CITY-ST-ZIP	SANTA ROSA BEACH FL 32459		1.4 CITY-ST-ZIP	Santa Rosa Beach FL 32459	
TITLE	D	☒ DELETE	2.1 TITLE	D	☐ Change ☒ Addition
NAME	POTTER, PATRICIA A		2.2 NAME	John DALTON	
STREET ADDRESS	5200 W. HIGHWAY 30-A		2.3 STREET ADDRESS	329 BAY CIRCLE	
CITY-ST-ZIP	SANTA ROSA BEACH FL 32549		2.4 CITY-ST-ZIP	Santa Rosa Beach FL 32459	
TITLE	D	☒ DELETE	3.1 TITLE	D	☐ Change ☒ Addition
NAME	HENDRICKS, ROBERT E		3.2 NAME	Sherry Nelson PARIS	
STREET ADDRESS	103 HEWETT POINT ROAD		3.3 STREET ADDRESS	251 GROUE LN	
CITY-ST-ZIP	SANTA ROSA BEACH FL 32459		3.4 CITY-ST-ZIP	FREEPORT FL 32439	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☒ Addition
NAME			4.2 NAME	Beatrice F Reynolds	
STREET ADDRESS			4.3 STREET ADDRESS	P.O Box 1245-MA	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	Santa Rosa Beach FL 32459	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME	NA Beatrice 10-22-98	
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☒ Change ☒ Addition
NAME			6.2 NAME	10-22-98	
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Beatrice F. Reynolds, Treas 9-24-98 10-20-98 8502672929