2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2008
Secretary of State

DOCUMENT# N94000003299

Entity Name: CARING & SHARING OF SOUTH WALTON COUNTY, INC.

Current Principal Place of Business:

LOT 22, NEALLEY BUSINESS VILLAGE
112 LYNN DRIVE
SANTA ROSA BEACH, FL 324594200

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2122
SANTA ROSA BEACH, FL 32459

New Mailing Address:

FEI Number: 59-3269872 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CLARK, PARTINGTON, HART, LARRY, BOND
ONE PENSACOLA PLAZA- SUITE 800
125 WEST ROMANA ST.
PENSACOLA, FL 32501 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: D/P ( ) Delete
Name: JOHNSON, REV. PAUL
Address: 3892 MESA ROAD
City-St-Zip: DESTIN, FL 32541

Title: D/S ( ) Delete
Name: THOMASON, JUNE
Address: 4575 NAUTICAL CT.
City-St-Zip: DESTIN, FL 325415321

Title: D/T ( ) Delete
Name: ARNOLD, GLORIA
Address: 7700 U.S. HIGHWAY 98, WEST
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: VP/D ( ) Delete
Name: REYNOLDS, BEA
Address: 3782 CO. HWY. 30A
City-St-Zip: SANTA ROSA BEACH, FL 32459

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D/P (X) Change ( ) Addition
Name: REYNOLDS, BEATRICE
Address: 3788 W. CO. HWY 30-A
City-St-Zip: SANTA ROS BEACH, FL 32459

Title: D/VP (X) Change ( ) Addition
Name: THOMASON, JUNE
Address: 4575 NAUTICAL CT.
City-St-Zip: DESTIN, FL 325415321

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

Title: D/S (X) Change ( ) Addition
Name: BARNHART, JOHN
Address: 209 CLAREON DR.
City-St-Zip: SEACREST, FL 32413

I hereby certify that the information supplied with this filing does not qualify 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: BEA REYNOLDS PRES 04/10/2008

Electronic Signature of Signing Officer or Director — Date