

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 04, 2004 8:00 am**  
**Secretary of State**

03-04-2004 90018 019 \*\*\*\*61.25

**DOCUMENT # N95000000886**

1. Entity Name  
**CARE TO SHARE, INC.**



Principal Place of Business  
**811 S. DISSTON AVE.  
TARPON SPRINGS FL 34689**

Mailing Address  
**27 E. ORANGE STR.  
TARPON SPRINGS FL 34689**



MOORE CR2E037 (11/03)

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

4. FEI Number  
**NO-T APPLICABLE**

Applied For  
Not Applied

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

6. Name and Address of Current Registered Agent  
**WARREN, JAMES B  
811 SOUTH DISSTON AVENUE  
TARPON SPRINGS FL 34689**

7. Name and Address of New Registered Agent  
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: *James B Warren* (JAMES B WARREN) 1/25/04  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**

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	CPD WARREN, JAMES B 811 SOUTH DISSTON AVENUE TARPON SPRINGS FL 34689 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addit
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPDS DUBERSTEIN, CLAUDIA 416 N. DISSTON AVE. TARPON SPRINGS FL 34689 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addit
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*Vice president  
CAROL BRUCKLER  
3421 ALLIANCE DR  
Holiday FL 34691  
Assistant Treasurer/Vice president  
WILLIAM P. MORGAN  
P.O. Box 955 - 6407 Route Ave.  
ELDERA FL 34680  
Vice president  
NANCY STASIAK  
873 W Bay Drive #225  
Largo FL 33770*

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.

SIGNATURE: *James B Warren* 1/25/04  
Signature and typed or printed name of signing officer or director