2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2005 08:00 AM
Secretary of State

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

03092005 No Chg-NP CR2E037 (10/03)

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4. FEI Number
NOT APPLICABLE
Applied For
Not Applicable

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

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

Filing Fee is $61.25
Due by May 1, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	CPD
NAME	WARREN, JAMES B
STREET ADDRESS	811 SOUTH DISSTON AVENUE
CITY-ST-ZIP	TARPON SPRINGS, FL 34689
TITLE	VPDS
NAME	DUBERSTEIN, CLAUDIA
STREET ADDRESS	416 N. DISSTON AVE.
CITY-ST-ZIP	TARPON SPRINGS, FL 34689
TITLE	TD
NAME	ASSIMACK, THEMISTOLLES
STREET ADDRESS	702 BAYSHORE DR.
CITY-ST-ZIP	TARPON SPRINGS, FL 34689
TITLE	V
NAME	BRUCKLER, CAROL
STREET ADDRESS	3421 ALLANDAIE DR
CITY-ST-ZIP	HOLIDAY, FL 34691
TITLE	ATV
NAME	MORGAN, WILLIAM P
STREET ADDRESS	P.O. BOX 955 6407 BUTTE AVE
CITY-ST-ZIP	ELFERS, FL 34680
TITLE	V
NAME	STASIAK, NANCY
STREET ADDRESS	873 W BAY DRIVE # 335
CITY-ST-ZIP	LARGO, FL 33770

100000275261
03/24/05-80047-002 61.25

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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: _____ 3/21/05 727-943-2027
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #