

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000886

FILED
Apr 11, 2008
Secretary of State

Entity Name: CARE TO SHARE, INC.

Current Principal Place of Business:

811 S. DISSTON AVE.
TARPON SPRINGS, FL 34689

New Principal Place of Business:

Current Mailing Address:

811 S. DISSTON AVE.
TARPON SPRINGS, FL 34689

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WARREN, JAMES B
811 SOUTH DISSTON AVENUE
TARPON SPRINGS, FL 34689 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: CPD () Delete
Name: WARREN, JAMES B
Address: 811 SOUTH DISSTON AVENUE
City-St-Zip: TARPON SPRINGS, FL 34689

Title: VPDS () Delete
Name: DUBERSTEIN, CLAUDIA
Address: 416 N. DISSTON AVE.
City-St-Zip: TARPON SPRINGS, FL 34689

Title: TD () Delete
Name: ASSIMACK, THEMISTOLLES
Address: 702 BAYSHORE DR.
City-St-Zip: TARPON SPRINGS, FL 34689

Title: V () Delete
Name: BRUCKLER, CAROL
Address: 3421 ALLANDAIE DR
City-St-Zip: HOLIDAY, FL 34691

Title: ATV () Delete
Name: MORGAN, WILLIAM P
Address: P.O. BOX 955 6407 BUTTE AVE
City-St-Zip: ELFGERS, FL 34680

Title: V () Delete
Name: STASIAK, NANCY
Address: 873 W BAY DRIVE # 335
City-St-Zip: LARGO, FL 33770

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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Name:
Address:
City-St-Zip:

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City-St-Zip:

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

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

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: JAMES B WARREN

CPD

04/11/2008

Electronic Signature of Signing Officer or Director

Date