FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **N95000004851 (0)**

1. Corporation Name

SHARE, CARE, AND DARE DEVELOPMENT PROGRAM, INC.

Principal Place of Business	Mailing Address
5827 DUNMIRE AVE. JACKSONVILLE FL 32219	5827 DUNMIRE AVE JACKSONVILLE FL 32219

3. Date Incorporated or Qualified: **10/10/1995**

3a. Date of Last Report:

2. Principal Place of Business — 21 | Suite, Apt. #, etc. — 22 | City & State — 23 | Zip — 24 | Country — 25

2a. Mailing Address — 26 | Suite, Apt. #, etc. — 27 | City & State — 28 | Zip — 29 | Country — 30

4. FEI Number — ☐ Applied For ☑ Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. **Name and Address of Current Registered Agent**

SIMPSON, ALBERT JR.
6775 JACK HORNER LANE
JACKSONVILLE FL 32210

10. **Name and Address of New Registered Agent**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

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: Albert Simpson JR. DATE: 1/21/96

(NOTE: Registered Agent signature required when changing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	D ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	SIMPSON, ALBERT JR.	1.2 NAME	
1.3 STREET ADDRESS	6775 JACK HORNER LANE	1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	JACKSONVILLE FL 32210	1.4 CITY-ST-ZIP	
2.1 TITLE	D ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	SIMPSON, CYNTHIA A	2.2 NAME	
2.3 STREET ADDRESS	6775 JACK HORNER LANE	2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	JACKSONVILLE FL 32210	2.4 CITY-ST-ZIP	
3.1 TITLE	D ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	HENRY, SUSIE A	3.2 NAME	
3.3 STREET ADDRESS	1742 WEST 21ST ST.	3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	JACKSONVILLE FL 32209	3.4 CITY-ST-ZIP	
4.1 TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
4.2 NAME		4.2 NAME	
4.3 STREET ADDRESS		4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP		4.4 CITY-ST-ZIP	
5.1 TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
5.2 NAME		5.2 NAME	
5.3 STREET ADDRESS		5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP		5.4 CITY-ST-ZIP	
6.1 TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
6.2 NAME		6.2 NAME	
6.3 STREET ADDRESS		6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Cynthia A Simpson — 1/21/96 — (904) 786-5311

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #