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Feb 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000002665 (5)**

1. Corporation Name

SHARED BLESSINGS FOUNDATION, INC.



Principal Place of Business 13061 SABAL CHASE ST PALM BEACH GARDENS FL 33418		Mailing Address 13061 SABAL CHASE ST PALM BEACH GARDENS FL 33418		3. Date Incorporated or Qualified 05/20/1996	
2. Principal Place of Business 21		2a. Mailing Address 26		4. FEI Number 65-0667920	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State 23		City & State 28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip 24		Country 25		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Zip 29		Country 30		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ROSEN, LAWRENCE N
2925 AVENTURA BLVD
SUITE 308
AVENTURA FL 33180**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	OBERLINK, WILLIAM	1.2 NAME	
STREET ADDRESS	13061 SABAL CHASE ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	
NAME	OBERLINK, CHRISTINE	2.2 NAME	
STREET ADDRESS	13061 SABAL CHASE CT.	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	ROSSO, NORBERT	3.2 NAME	
STREET ADDRESS	4 STRYKER ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAMBERTVILLE NJ 08530	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	GOLDSTONE, WENDY	4.2 NAME	
STREET ADDRESS	1 LITTLE SISTER ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	SISTER BAY WI	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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:

William Oberlink

2/12/98

(561) 627-5352

CR2E037 (10/97)