

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002665

FILED
Jan 05, 2004
Secretary of State

Entity Name: SHARED BLESSINGS FOUNDATION, INC.

Current Principal Place of Business:

13061 SABAL CHASE ST
PALM BEACH GARDENS, FL 33418

New Principal Place of Business:

Current Mailing Address:

13061 SABAL CHASE ST
PALM BEACH GARDENS, FL 33418

New Mailing Address:

FEI Number: 65-0667920

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROSEN, LAWRENCE N
2925 AVENTURA BLVD
SUITE 308
AVENTURA, FL 33180 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: PD () Delete
Name: OBERLINK, WILLIAM
Address: 13061 SABAL CHASE ST.
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: SD () Delete
Name: OBERLINK, CHRISTINE
Address: 13061 SABAL CHASE CT.
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: D () Delete
Name: ROSSO, NORBERT
Address: 4 STRYKER ST
City-St-Zip: LAMBERTVILLE, NJ 08530

Title: D () Delete
Name: GOLDSTONE, WENDY
Address: 1402 APPLE POST RD
City-St-Zip: SISTER BAY, WI 54234

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: () Change () Addition
Name:
Address:
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 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 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: WILLIAM OBERLINK

PD

01/05/2004

Electronic Signature of Signing Officer or Director

Date