

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003429

FILED
Apr 29, 2009
Secretary of State

Entity Name: CARE & SHARE FOUNDATION, INC.

Current Principal Place of Business:

1540 W. 29TH ST.
RIVIERA BEACH, FL 33404

New Principal Place of Business:

Current Mailing Address:

1540 W. 29TH ST.
RIVIERA BEACH, FL 33404

New Mailing Address:

FEI Number: 65-0843266

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVIS, FERCELLA C
1548 WEST 29TH ST.
RIVIERA BEACH, FL 33404 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: P () Delete
Name: PANIER, FERCELLA
Address: 1548 W 29TH ST
City-St-Zip: RIVIERA BEACH, FL 33404

Title: S () Delete
Name: DONAWAY, ERMA
Address: 1521 W 13TH STREET
City-St-Zip: RIVIERA BCH, FL 33404

Title: DT () Delete
Name: HARRELL, HERMESE
Address: 1328 W. 26TH STREET
City-St-Zip: RIVIERA BEACH, FL 33404

Title: D () Delete
Name: JOHNSON, SEDRIC
Address: 4941 HAVERHILL COMMONS CIRCLE,APT 22
City-St-Zip: WEST PALM BEACH, FL 33417

Title: D () Delete
Name: PANIER, ULRICK
Address: 2139 LITTLE TORCH STREET
City-St-Zip: WEST PALM BEACH, FL 33407

Title: D () Delete
Name: HARPER, JAMES H
Address: 1551 40TH STREET
City-St-Zip: WEST PALM BEACH, FL 33407

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:

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: FERCELLA PANIER

P

04/29/2009

Electronic Signature of Signing Officer or Director

Date