

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39539

Entity Name: CARING AND SHARING OF SOUTH SANTA ROSA COUNTY, INC.**FILED**
Apr 28, 2014
Secretary of State
CC5985683155**Current Principal Place of Business:**COMMUNITY LIFE CENTER
4115 SOUNDSIDE DR.
GULF BREEZE, FL 32563**Current Mailing Address:**PO BOX 5521
NAVARRE, FL 32566**FEI Number: 59-3025811****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**VINCENT, TERESA
1948 AMBASSADOR DRIVE
GULF BREEZE, FL 32563 US*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**Officer/Director Detail :**

Title	SECRETARY
Name	HUBBARD, LORRAINE
Address	6495 FLAGLER DR
City-State-Zip:	GULF BREEZE FL 32563

Title	TREASURER
Name	VINCENT, TERESA MRS
Address	1948 AMBASSADOR DRIVE
City-State-Zip:	GULF BREEZE FL 32563

Title	VP1
Name	HOWARD, CHUCK MR
Address	7108 EAST BAY BLVD
City-State-Zip:	NAVARRE FL 32566

Title	VP2
Name	JACOBS, SHIRLEY MRS
Address	2076 JESSICA WAY
City-State-Zip:	NAVARRE FL 32566

Title	PRESIDENT
Name	THOMPSON, ANN MRS
Address	2583 HIDDEN CREEK DRIVE
City-State-Zip:	NAVARRE FL 32566

I hereby 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 all other like empowered.

SIGNATURE: TERESA VINCENT**TREASURER****04/28/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date