2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2021
Secretary of State
1803616468CC

DOCUMENT# N39539

Entity Name: CARING AND SHARING OF SOUTH SANTA ROSA COUNTY, INC.

Current Principal Place of Business:

COMMUNITY LIFE CENTER
4115 SOUNDSIDE DR.
GULF BREEZE, FL 32563

Current Mailing Address:

PO BOX 5521
NAVARRE, FL 32566 US

FEI Number: 59-3025811

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

NOYES, KATHY
435 FOREST GLEN PL
MARY ESTHER, FL 32569 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: KATHY NOYES 01/30/2021

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	VICE PRESIDENT	Title	PRESIDENT
Name	SMITH, BRENDA S	Name	THOMPSON, ELIZABETH A
Address	COMMUNITY LIFE CENTER 4115 SOUNDSIDE DR.	Address	COMMUNITY LIFE CENTER 4115 SOUNDSIDE DR.
City-State-Zip:	GULF BREEZE FL 32563	City-State-Zip:	GULF BREEZE FL 32563
Title	VICE PRESIDENT	Title	SECRETARY
Name	BOOTH, WILLIAM P.	Name	THOMPSON, JESSICA
Address	COMMUNITY LIFE CENTER 4115 SOUNDSIDE DR.	Address	COMMUNITY LIFE CENTER 4115 SOUNDSIDE DR.
City-State-Zip:	GULF BREEZE FL 32563	City-State-Zip:	GULF BREEZE FL 32563
Title	TREASURER		
Name	NOYES, KATHY J		
Address	COMMUNITY LIFE CENTER 4115 SOUNDSIDE DR.		
City-State-Zip:	GULF BREEZE FL 32563		

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: KATHY NOYES TREASURER 01/30/2021

Electronic Signature of Signing Officer/Director Detail — Date