

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39539

Entity Name: CARING AND SHARING OF SOUTH SANTA ROSA COUNTY, INC.**FILED**
Apr 30, 2024
Secretary of State
1191550040CC**Current Principal Place of Business:**2149 CASA DE ORO STREET
NAVARRE, FL 32566**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:**LANCASTER, BECKY
2149 CASA DE ORO STREET
NAVARRE, FL 32566 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: BECKY LANCASTER****04/30/2024**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	VP	Title	PRESIDENT
Name	SANDLER, MIKE	Name	THOMPSON, ELIZABETH
Address	HOLLEY-NAVARRE INTERMEDIATE SCHOOL 1936 NAVARRE SCHOOL ROAD	Address	HOLLEY-NAVARRE INTERMEDIATE SCHOOL 1936 NAVARRE SCHOOL ROAD
City-State-Zip:	NAVARRE FL 32566	City-State-Zip:	NAVARRE FL 32566
Title	VP	Title	TREASURER
Name	THOMPSON, JESSICA	Name	LANCASTER, BECKY
Address	HOLLEY-NAVARRE INTERMEDIATE SCHOOL 1936 NAVARRE SCHOOL ROAD	Address	HOLLEY-NAVARRE INTERMEDIATE SCHOOL 1936 NAVARRE SCHOOL ROAD
City-State-Zip:	NAVARRE FL 32566	City-State-Zip:	NAVARRE FL 32566
Title	SECRETARY		
Name	DAVE, KROEGER		
Address	HOLLEY-NAVARRE INTERMEDIATE SCHOOL 1936 NAVARRE SCHOOL ROAD		
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: BECKY LANCASTER**TREASURER****04/30/2024**

Electronic Signature of Signing Officer/Director Detail

Date