

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000543

Entity Name: THE CARING AND SHARING LEARNING SCHOOL, INC.**Current Principal Place of Business:**1951 SE 4TH STREET
GAINESVILLE, FL 32641**Current Mailing Address:**1951 SE 4TH STREET
GAINESVILLE, FL 32641 US**FEI Number:** 59-3519552**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PETERSON, CURTIS W
4505 S.W. 82 PLACE
GAINESVILLE, FL 32608 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:** CURTIS PETERSON

01/23/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name JACKSON, CHARLIE
Address 2708 NW 170 STREET
City-State-Zip: NEWBERRY FL 32669

Title VP
Name JACKSON, WALTER
Address 3434 N. W. 52 AVE
City-State-Zip: GAINESVILLE FL 32605

Title TREASURER
Name RENTZ, DELORIS
Address 6579 N.E. 39TH BLVD
City-State-Zip: GAINESVILLE FL 32609

Title SECRETARY
Name TERRELL, ANGIE
Address 4508 E. UNIVERSITY AVE
City-State-Zip: GAINESVILLE FL 32641

Title OTHER
Name PETERSON, CURTIS WENDELL
Address 4505 S.W. 82 PLACE
City-State-Zip: GAINESVILLE FL 32608

Title OTHER
Name JOHNSON, VERNA
Address 3432 N.W. 52 AVE
City-State-Zip: GAINESVILLE FL 32605

Title ASST. SECRETARY
Name WILSON, ERNEST
Address 4922 NW 37TH DRIVE
City-State-Zip: GAINESVILLE FL 32605

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: CURTIS PETERSON**PRINCIPAL**

01/23/2023

Electronic Signature of Signing Officer/Director Detail

Date