2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2016
Secretary of State
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Entity Name: THE CARING AND SHARING LEARNING SCHOOL, INC.

Current Principal Place of Business:

1951 SE 4TH ST
GAINESVILLE, FL 32641

Current Mailing Address:

1951 SE 4TH ST
GAINESVILLE, FL 32641

FEI Number: 59-3519552

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PETERSON, CURTIS W
3432 N.W. 52ND AVE.
GAINESVILLE, FL 32605 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 01/25/2016

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

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

Title	S
Name	HAYES, LIZBETH C
Address	5811 N. W. 38TH PLACE
City-State-Zip:	GAINESVILLE FL 32606

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

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

Title	D
Name	JOHNSON, VERNA J
Address	3432 NW 52 AVE
City-State-Zip:	GAINESVILLE FL 32605

Title	D
Name	JOHNSON, SIMON OAOM
Address	3432 N.W. 52ND AVE.
City-State-Zip:	GAINESVILLE FL 32605

Title	TREASURER
Name	RENTZ, DELORIS
Address	P.O. BOX 1444
City-State-Zip:	ALACHUA FL 32616

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: VERNA JOHNSON DIRECTOR 01/25/2016

Electronic Signature of Signing Officer/Director Detail — Date