FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 27 PM 2:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N50571 (1)

1. Corporation Name

SHARE CENTRAL FLORIDA, INC.

Principal Place of Business	Mailing Address
3854 S ORANGE AVE SUITE B ORLANDO FL 32804 US	3854 S ORANGE AVE SUITE B ORLANDO FL 32804 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/26/1992
3a. Date of Last Report: 02/16/1994
4. FEI Number: 59-3139087 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status [X] $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

COLEMAN, IVA S.
3854 S ORANGE AVE
SUITE B
ORLANDO FL 32804

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City FL 35 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	T	11 TITLE	D	☐ Change [X] Addition
NAME	KAPLAN, ROSALIND	12 NAME	Gallogly, Daniel J.	
STREET ADDRESS	844 ASHBROOK COURT	13 STREET ADDRESS	201 S. Orange Ave. Suite 950	
CITY-ST-ZIP	HEATHROW FL	14 CITY-ST-ZIP	Orlando, FL 32801	
TITLE	D	21 TITLE	D	[X] Change ☐ Addition
NAME	MOORE, BYRON	22 NAME	Ali, Ronaa'	
STREET ADDRESS	4249 GAITHER STREET	23 STREET ADDRESS	545 Bern Drive	
CITY-ST-ZIP	ORLANDO FL	24 CITY-ST-ZIP	Orlando, FL 32805	
TITLE	D	31 TITLE	D	[X] Change ☐ Addition
NAME	TINDAL, CHARLES	32 NAME	Critchfield, Lisa	
STREET ADDRESS	875 JACKSON STREET	33 STREET ADDRESS	645 Interlachen Avenue	
CITY-ST-ZIP	WINTER PARK FL	34 CITY-ST-ZIP	Winter Park, FL 32789	
TITLE	P	41 TITLE	D	☐ Change [X] Addition
NAME	COWLES, WILLIAM	42 NAME	Jones, Rod	
STREET ADDRESS	119 W. KALEY STREET	43 STREET ADDRESS	20 N. Orange Avenue	
CITY-ST-ZIP	ORLANDO FL	44 CITY-ST-ZIP	Orlando, FL 32802	
TITLE	V	51 TITLE	D	☐ Change [X] Addition
NAME	BATES, THOMAS	52 NAME	Smythe, Robert E.	
STREET ADDRESS	1925 MIZELL AVENUE, SUITE 302	53 STREET ADDRESS	1119 Bloxam Avenue	
CITY-ST-ZIP	WINTER PARK FL	54 CITY-ST-ZIP	Clermont, FL 34711	
TITLE	S	61 TITLE		☐ Change ☐ Addition
NAME	MCGUIRE, ROSA	62 NAME		
STREET ADDRESS	19934 MARDI GRAS STREET	63 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	64 CITY-ST-ZIP		

AA 5/23

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Iva Coleman 4/12/95 836 2070
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0003709