

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13604

FILED  
Jan 05, 2005  
Secretary of State

**Entity Name:** SHARING CONCERN FOR SEMINOLE COUNTY SHELTER CHILDREN, INC.

**Current Principal Place of Business:**

1400 WINDSOR AVE  
LONGWOOD, FL 32750

**New Principal Place of Business:**

**Current Mailing Address:**

1400 WINDSOR AVE  
LONGWOOD, FL 32750

**New Mailing Address:**

FEI Number: 59-2676268      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LEFFLER, KENNETH M  
1400 WINDSOR AVENUE  
LONGWOOD, FL 32750      US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: LEFFLER, KENNETH M  
Address: 3111 HILL ST.  
City-St-Zip: NEW SMYRNA BEACH, FL 321693555

Title: VD      ( ) Delete  
Name: JONES, MICHAEL D  
Address: 560 DUNMAR CIRCLE  
City-St-Zip: WINTER SPRINGS, FL 32708

Title: SD      ( ) Delete  
Name: CUMMINGS, ERIN E  
Address: 3912 DUNAIRE DRIVE  
City-St-Zip: VALRICO, FL 33594

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: KENNETH M LEFFLER

PRES

01/05/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date