

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N13604

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



FILED

07 APR 19 AM 11:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1400 WINDSOR AVE
LONGWOOD, FL 32750

Mailing Address
1400 WINDSOR AVE
LONGWOOD, FL 32750



03-30-07 90133 001 \$61.25
04122007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2676268	Applied For Not Applicable
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5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEFFLER, KENNETH M
1400 WINDSOR AVENUE
LONGWOOD, FL 32750

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$81.25
Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LEFFLER, KENNETH M 3111 HILL ST. NEW SMYRNA BEACH, FL 321693555
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD JONES, MICHAEL D 560 DUNMAR CIRCLE WINTER SPRINGS, FL 32708
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD COLLISON, CYNTHIA L 133 KAYWOOD DRIVE SANFORD, FL 32771
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *Kenneth M. Leffler* Kenneth M. Leffler 4/12/07 407-921-0500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #