

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

DO NOT WRITE IN THIS SPACE

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

4. FEI Number
59-2676268

Applied For
Not Applicable

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

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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

Signature, typed or printed name of registered agent and title if applicable.

(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 PD
NAME LEFFLER, KENNETH M
STREET ADDRESS 3111 HILL ST.
CITY-ST-ZIP NEW SMYRNA BEACH, FL 321693555

TITLE VD
NAME JONES, MICHAEL D
STREET ADDRESS 560 DUNMAR CIRCLE
CITY-ST-ZIP WINTER SPRINGS, FL 32708

TITLE SD
NAME COLLISON, CYNTHIA L
STREET ADDRESS 133 KAYWOOD DRIVE
CITY-ST-ZIP SANFORD, FL 32771

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 #