

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13604

**FILED**  
**Mar 28, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

1400 WINDSOR AVE  
LONGWOOD, FL 327506830

**New Principal Place of Business:**

**Current Mailing Address:**

1400 WINDSOR AVE  
LONGWOOD, FL 327506830

**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 AVE  
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  
Name: LEFFLER, KENNETH M  
Address: 3111 HILL ST.  
City-St-Zip: NEW SMYRNA BEACH, FL 321693555

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

Title: VD  
Name: COLLISON, CYNTHIA L  
Address: 133 KAYWOOD DRIVE  
City-St-Zip: SANFORD, FL 32771

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: KEN LEFFLER

P

03/28/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date