2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N13604

1. Entity Name

SHARING CONCERN FOR SEMINOLE COUNTY SHELTER CHILDREN, INC.



FILED Apr 28, 2003 8:00 am Secretary of State

04-28-2003 90324 009 ****61.25

DUEN' IN	GOO WI	TRA	ļ						
Principal Place of Business 1400 WINDSOR AVE LONGWOOD FL 32750		Mailing Address 1400 WINDSOR AVE LONGWOOD FL 32750	<u> </u>		; 18871581 831 4788	O 21120 Shuk Bom sidi dibil	8/8/1 8/8/1 818/1 81	nis Arbit IABI	
2. Principal F	Place of Business .	3. Mailing Address							
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State		City & State			4. FEI Number 59-2676268 Applied For			· · · · · · · · · · · · · · · · · · ·	
Zip	Zip Country Zip		Country		5. Certificate of Status Desired		\$8.75 Ac	Not Applicable 3.75 Additional Property of the control of the co	
6. Name and Address of Current Registered Agent			<u> </u>	7. Name and Address of New Registered Agent					
			Name	e Santa				****	
LEFFLER, KENNETH M 1400 WINDSOR AVENUE LONGWOOD FL 32750				Street Address (P.O. Box Number is Not Acceptable)					
LONGWO	OOD FL 32750		City				Zip Coo	de	
	e named entity submits this statement								
the obligate	tions of registered agent. Signature, typed or printed name of registered ager								
	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE	: Registered Agent signatu	re required	when reinstating)	DAT	E		
10.	FILE NOW: FEE IS \$61.25		npaign Financing contribution. ` - ' 4 '		\$5.00 May Be Added to Fees	Florida Dep		State	
TITLE	IPD ·	□ Delete	TITLE		(BBITTONO/OFINITALE)	3 TO OTT TOLING AND	Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	LEFFLER, KENNETH M 1400 WINDSOR AVE LONGWOOD FL	∟ Delete		311 Ned	I Hill Str w Smyrn	eet a Beach			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV GRINDLE, ARTHUR E 241 LIVE OAK LANE ALTAMONTE SPRINGS FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GAMBLE, JAMES C 907 SPRING VALLEY RD ALTAMONTE SPRINGS FL	Delete						- Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition	

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

2/21/03 407-331-5513