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CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
'95 FEB 15 PM 3:24

DOCUMENT # N36009 (1)

1. Corporation Name
SHARE FOUNDATION INCORPORATED

Principal Place of Business	Mailing Address
% JOSEPH B. DOERR 4242 GRANT BLVD. ORLANDO FL 32804	% JOSEPH B. DOERR 4242 GRANT BLVD. ORLANDO FL 32804

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/20/1989
3a. Date of Last Report: 02/17/1994
4. FEI Number: 59-2981087 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

DOERR, JOSEPH B.
4242 GRANT BOULEVARD
ORLANDO FL 32804

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	1.1 TITLE		☐ Change ☐ Addition
NAME	DOERR, JOSEPH B.	1.2 NAME		
STREET ADDRESS	4242 GRANT BLVD.	1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP		
TITLE	DVT	2.1 TITLE		☐ Change ☐ Addition
NAME	DOERR, PEGGY J.	2.2 NAME		
STREET ADDRESS	4242 GRANT BLVD.	2.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE	D S	☒ Change ☐ Addition
NAME	JESSEN, THOMAS M., JR.	3.2 NAME	JESSEN, THOMAS M JR.	
STREET ADDRESS	5415 KENYON ROAD	3.3 STREET ADDRESS	5415 KENYON ROAD	
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	ORLANDO, FL.	
TITLE	DS	4.1 TITLE	D	☒ Change ☐ Addition
NAME	JESSEN, CHARLOTTE G.	4.2 NAME	JESSEN, CHARLOTTE G.	
STREET ADDRESS	5415 KENYON ROAD	4.3 STREET ADDRESS	5415 KENYON ROAD	
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	ORLANDO, FL.	
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	DENNING, CLYDE	5.2 NAME		
STREET ADDRESS	2000 KILMER LN	5.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	DENNING, VICKY	6.2 NAME		
STREET ADDRESS	2000 KILMER LN	6.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Peggy J. Doerr (407)293-1757 2/6/95
SIGNATURE AND TITLE OR PRINTED NAME OF CHANGING OFFICER OR DIRECTOR — Date — Daytime Phone #