

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 26, 2007 08:00 AM
Secretary of State

DOCUMENT # N36009

1. Entity Name
SHARE FOUNDATION INCORPORATED



Principal Place of Business
**% JOSEPH B. DOERR
4242 GRANT BLVD.
ORLANDO, FL 32804**

Mailing Address
**% JOSEPH B. DOERR
4242 GRANT BLVD.
ORLANDO, FL 32804**



06192007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2981087

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DOERR, JOSEPH B.
4242 GRANT BOULEVARD
ORLANDO, FL 32804**

**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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by September 14, 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	DP DOERR, JOSEPH B. 4242 GRANT BLVD. ORLANDO, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVT DOERR, PEGGY J. 4242 GRANT BLVD. ORLANDO, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS JESSEN, THOMAS M., JR. 5415 KENYON ROAD ORLANDO, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JESSEN, CHARLOTTE G. 5415 KENYON ROAD ORLANDO, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DENNING, CLYDE 2000 KILMER LN ORLANDO, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DENNING, VICKY 2000 KILMER LN ORLANDO, FL

U00000766657
06/26/07-80004-006 70.00

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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/19/07 (407) 293-1787
Date Daytime Phone #