

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **N50571**

(1)

1. Corporation Name

**SHARE CENTRAL FLORIDA, INC.**



Principal Place of Business

Mailing Address

**3854 S ORANGE AVE  
SUITE B  
ORLANDO FL 32804  
US**

**3854 S ORANGE AVE  
SUITE B  
ORLANDO FL 32804  
US**

3. Date Incorporated or Qualified  
**08/26/1992**

3a. Date of Last Report  
**04/27/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

**59-3139087**

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**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**COLEMAN, IVA S.  
3854 S ORANGE AVE  
SUITE B  
ORLANDO FL 32804**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE  
NAME **KAPLAN, ROSALIND**  
STREET ADDRESS **844 ASHBROOK COURT**  
CITY-ST-ZIP **HEATHROW FL**

TITLE ☐ DELETE  
NAME **D ALI, RONAA'**  
STREET ADDRESS **545 BERN DR**  
CITY-ST-ZIP **ORLANDO FL**

TITLE ☐ DELETE  
NAME **D CRITCHFIELD, LISA**  
STREET ADDRESS **645 INTERLACHEN AVE**  
CITY-ST-ZIP **WINTER PARK FL**

TITLE ☐ DELETE  
NAME **P COWLES, WILLIAM**  
STREET ADDRESS **119 W. KALEY STREET**  
CITY-ST-ZIP **ORLANDO FL**

TITLE ☐ DELETE  
NAME **V BATES, THOMAS**  
STREET ADDRESS **1925 MIZELL AVENUE, SUITE 302**  
CITY-ST-ZIP **WINTER PARK FL**

TITLE ☐ DELETE  
NAME **S MCGUIRE, ROSA**  
STREET ADDRESS **19934 MARDI GRAS STREET**  
CITY-ST-ZIP **ORLANDO FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition  
1.2 NAME **P Gallogly, Daniel**  
1.3 STREET ADDRESS **201 S. Orange Ave., Suite 950**  
1.4 CITY-ST-ZIP **Orlando, FL 32801**

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME **S Ali, Ronaa'**  
2.3 STREET ADDRESS **545 Vern Dr**  
2.4 CITY-ST-ZIP **Orlando, FL 32805**

3.1 TITLE ☐ Change ☒ Addition  
3.2 NAME **T Jones, Roi**  
3.3 STREET ADDRESS **20 N. Orange Avenue, Suite 1000**  
3.4 CITY-ST-ZIP **Orlando, FL 32802**

4.1 TITLE ☒ Change ☐ Addition  
4.2 NAME **D**  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition  
5.2 NAME **D Parkinson, Richard**  
5.3 STREET ADDRESS **2813 Pioneer Road**  
5.4 CITY-ST-ZIP **Orlando, FL 32808**

6.1 TITLE ☒ Change ☐ Addition  
6.2 NAME **D**  
6.3 STREET ADDRESS  
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)(k), 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:

*Dan Gallogly*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-29-96**  
Date

**407-841-6930**  
Daytime Phone #

CR2E037 (12/95)