

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N50571 ✓

1. Corporation Name

SHARE CENTRAL FLORIDA, INC.

Principal Place of Business

3854 S ORANGE AVE
SUITE B
ORLANDO FL 32804
US

Mailing Address

3854 S ORANGE AVE
SUITE B
ORLANDO FL 32804
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

08/26/1992

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

Richard J. R. Parkinson

82 Street Address (P.O. Box Number is Not Acceptable)

2813 Pioneer Rd

83

84 City

Orlando

FL

85 Zip Code

32808

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

Richard J. R. Parkinson V.P.

Richard J. R. Parkinson 7-2399

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 P ☒ DELETE

NAME FOLEY, DOUG
STREET ADDRESS 601 E ROLLINS ST
CITY-ST-ZIP ORLANDO FL 32803

TITLE T ☐ DELETE

NAME PAYNE, MARK BENJAMIN
STREET ADDRESS 720 S GRANDVIEW ST
CITY-ST-ZIP MT DORA FL 32757

TITLE S ☒ DELETE

NAME BASDEN, RICHARD
STREET ADDRESS 907 CANTON ST
CITY-ST-ZIP ORLANDO FL

TITLE V ☐ DELETE

NAME PARKINSON, RICHARD
STREET ADDRESS 2813 PIONEER RD
CITY-ST-ZIP ORLANDO FL

TITLE D ☒ DELETE

NAME BATES, THOMAS
STREET ADDRESS 1925 MIZELL AVENUE, SUITE 302
CITY-ST-ZIP WINTER PARK FL

TITLE D ☐ DELETE

NAME WILSON, LINDA
STREET ADDRESS 1839 SAILFISH CT
CITY-ST-ZIP KISSIMMEE FL 34744

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE S ☐ Change ☒ Addition

1.2 NAME Bates, Helen
1.3 STREET ADDRESS 1020 Valencia Avenue
1.4 CITY-ST-ZIP Orlando, FL 32804

2.1 TITLE D ☐ Change ☒ Addition

2.2 NAME Brown, George M.
2.3 STREET ADDRESS 512 S. Fiske Blvd
2.4 CITY-ST-ZIP Cocoa FL 32922

3.1 TITLE D ☐ Change ☒ Addition

3.2 NAME Riley, Kran
3.3 STREET ADDRESS 2183 San Jose Blvd.
3.4 CITY-ST-ZIP Orlando, FL 32808

4.1 TITLE D ☐ Change ☒ Addition

4.2 NAME Hawkins, Walter
4.3 STREET ADDRESS 400 S. Orange Ave
4.4 CITY-ST-ZIP Orlando, FL 32801

5.1 TITLE D ☐ Change ☒ Addition

5.2 NAME Carrington, Vivian
5.3 STREET ADDRESS 5656 Garden Grove Circle
5.4 CITY-ST-ZIP Winter Park, FL 32792

6.1 TITLE P ☒ Change ☐ Addition

6.2 NAME Wilson, Linda
6.3 STREET ADDRESS 710 Hampton Court
6.4 CITY-ST-ZIP Kissimmee, FL 34744

14. 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 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-23-99

Date

407/935-1795

Daytime Phone #

FILED
Jul 29, 1999 8:00 am
Secretary of State

07-29-1999 90016 040 ****61.25



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