Applied For

Not Applicable

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N50

1. Corporation Name

Suite, Apt. #, etc.

22

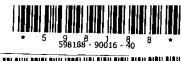
SHARE CENTRAL FLORIDA, INC.

Mailing Address		
3854 S ORANGE AVE SUITE B ORLANDO FL 32804 US		
	3854 S ORANGE AVE SUITE B ORLANDO FL 32804	

Suite, Apt. #, etc.

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

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





3. Date Incorporated or Qualifed 08/26/1992

4. FEI Number

59-3139087

City & State	0	City & State			5. Certificate of Status Desired	□ \$8.75 A	I			
23		28				Fee Req	·			
Zip	Country	Zip Coui			6. Election Campaign Financing	□ \$5.00 ₦	-			
24		29 3	0]		Trust Fund Contribution	Added to	Fees			
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent										
			81	Name	Richard J. R. t	arkinson				
COLEMAN, IVA S.			82	82 Street Address (P.O. Box Number is Not Acceptable)						
3854 S ORANGE AVE				2813 Ploneer Rd						
SUITE B	•		83	}			1			
ORLANDO FL 32804			84	City 🔨	al No	85 Zip C	ode			
	· · · · · · · · · · · · · · · · · · ·	·		' 0	rlando		808			
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 of Florida Such change										
agent, I am familiar with, and accept the applications of, Saction 617,0003, Fronda Statutes.										
SIGNATURE		achiner Vi	P.	Rich	ard J. R. <u>Parkinson</u>	<u>7-2399</u>	}			
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE OFFICE TO STATE TO										
12.	OFFICERS AND	DELETE	13.	- 4		Change	Addition			
TITLE	P	MI DEFE IE	1.1 TITLE		3ates, Helen		A Coulder			
NAME	FOLEY, DOUG		1.2 NAME		1020 Valencia Avenue	<u>ટ</u>	ļ			
STREET ADDRESS	601 E ROLLINS ST		1.3 STREE	ADDRESS	1020 Vaterior		{			
CITY-ST-ZIP	ORLANDO FL 32803	=======================================	1.4 CITY-S	- t-	orlando, FL 32804		Addition			
TITLE	T	☐ DELETE	2.1 TITLE	. }	Brown, Georgesm.	Change	Addition :			
NAME	Payne, Mark Benjamin		2.2 NAME	·	512 S. Fiske Blud		ĺ			
STREET ADDRESS	720-S GRANDVIEW ST	•	2.3 STREE	TADDRESS :	0 - 0 E/ 2000	- ~				
CITY-ST-ZIP	MT DORA FL 32757		2.4 CITY-5		Cocoa FL 32922					
TITLE	S	DELETE	3.1 TITLE))	Riley, Kran and	☐ Change				
NAME	Basden, Richard		3.2 NAME		Kiley, Kiley, Blud					
STREET ADDRESS	907 CANTON ST		3.3 STREE	TADORESS .	2183 San Jose Blud					
CITY-ST-ZIP	ORLANDO FL		3.4, CITY-5	ST-ZIP	Orlando FL 32808					
TITLE	V	□ DELETE	4.1 TITLE	T	Jawkins Walter	☐ Change	Addition			
NAME	Parkinson, Richard		4, 2 NAME	\	400 s. Orange Ave		}			
STREET ADDRESS	2813 PIONEER RD		4.3 STREE	TADDRESS						
CITY-ST-ZIP	ORLANDO FL		4.4 CITY-S	T-ZIP	Orlando, FL 32801					
TITLE	D	⊠ DELETE	5.1 TITLE		D i i i i i i i i i i i i i i i i i i i	☐ Change	X Addition			
NAME	Bates, Thomas		5.2 NAME	C	jarrington, Vivian 5656 Garden Brove C	ircle				
STREET ADDRESS	1925 MIZELL AVENUE, SUITE 30	2	5.3 STREE	TADORESS :	5636 paraen acore	10.0	į			
CITY-ST-ZIP	WINTER PARK FL		5.4 CITY-S		Winter Park, FC 327	71				
TITLE	D	☐ DELETE	6.1 TITLE		vilson, LindA 710 Hampton Court	Change	☐ Addition			
NAME	WILSON, LINDA		6.2 NAME	1	Wilson, aton Court					
STREET ADDRESS	1839 SAILFISH CT		6.3 STREE	TADORESS	710 Hampion South					
CITY-ST-ZIP	KISSIMMEE FL 34744		6.4 CITY-S		Kissimmer, FL347	49				

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:

