

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N99000005089

FILED
Apr 27, 2005
Secretary of State

Entity Name: SHARITY OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

104 STONEBRIDGE DR
LONGWOOD, FL 32779

New Principal Place of Business:

Current Mailing Address:

104 STONEBRIDGE DR
LONGWOOD, FL 32779

New Mailing Address:

FEI Number: 59-3601884 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

THALWITZER, KURT
MATEER AND HARBERT, P.A.
225 E ROBINSON ST, SUITE 600
ORLANDO, FL 32801 US

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.

SIGNATURE: KURT THALWITZER

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: EDD () Delete
Name: DENARO, SHARI P
Address: 104 STONEBRIDGE DRIVE
City-St-Zip: LONGWOOD, FL 32779

Title: D () Delete
Name: GILSON, PATRICIA
Address: 212 PALMETTO CONCOURSE
City-St-Zip: LONGWOOD, FL 32779

Title: D () Delete
Name: ZIMA-LENNON, LORRAINE
Address: 103 STONEBRIDGE DR.
City-St-Zip: LONGWOOD, FL 32779

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: GILSON, PATRICIA
Address: 3521 HEARST CASTLE WAY
City-St-Zip: PLANO, TX 75025

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHARI PATIENCE-DENARO

EDD

04/27/2005

Electronic Signature of Signing Officer or Director

Date