

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 01, 2006 08:00 AM
Secretary of State

DOCUMENT # N99000005089 1. Entity Name SHARITY OF CENTRAL FLORIDA, INC.	
--	---

Principal Place of Business 104 STONEBRIDGE DR LONGWOOD, FL 32779	Mailing Address 104 STONEBRIDGE DR LONGWOOD, FL 32779
---	---

DO NOT WRITE IN THIS SPACE



08302006 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3601884	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

**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 _____ (NOTE: Registered Agent signature required when reissuing) _____ DATE _____

**Filing Fee is \$61.25
Due by September 6, 2006**

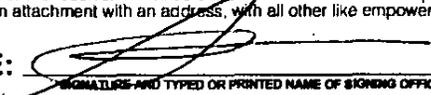
9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EDD DENARO, SHARI P 104 STONEBRIDGE DRIVE LONGWOOD, FL 32779
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GILSON, PATRICIA 3521 HEARST CASTLE WAY PLANO, TX 75025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZIMA-LENNON, LORRAINE 103 STONEBRIDGE DR. LONGWOOD, FL 32779
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000575918
09/01/06-80007-014 70.00

**DO NOT WRITE
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:  Executive Director 8/25/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #