


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

<b>DOCUMENT #</b> N99000005089	
<b>1. Entity Name</b> SHARITY OF CENTRAL FLORIDA, INC.	

<b>Principal Place of Business</b> 104 STONEBRIDGE DR LONGWOOD, FL 32779	<b>Mailing Address</b> 104 STONEBRIDGE DR LONGWOOD, FL 32779
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DO NOT WRITE IN THIS SPACE



08302006 No Chg-NP CR2E037 (4/06)

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

**6. Name and Address of Current Registered Agent**

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

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**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 remitting) **DATE** \_\_\_\_\_

<b>Filing Fee is \$61.25</b> <b>Due by September 6, 2006</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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**10. OFFICERS AND DIRECTORS**

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

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09/01/06-80007-014 70.00

**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 #