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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortherm
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAR 10 PM 8:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **749243** (2)
1. Corporation Name
SHARING THE CHURCH OF JESUS CHRIST, INC.

Principal Place of Business Mailing Address
PO BOX 8783 3361 NW 8TH ST
FT LAUDERDALE FL 33310-8783 FT. LAUDERDALE FL 33311
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/09/1979 3a. Date of Last Report 03/23/1994
4. FEI Number 59-2093706 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 1742 W Okld Prk Blvd. 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 Okld Prk, Fla 28
Zip Country Zip Country
24 33310 25 No. Amer. 29 30

9. Name and Address of Current Registered Agent
CALDWELL, ROSA M.
3361 N.W. 8TH STREET
FT. LAUDERDALE FL 33311

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS	
TITLE	V
NAME	BELL, BERTHA
STREET ADDRESS	4421 SW 18TH ST
CITY-ST-ZIP	HOLLYWOOD, FL 00000
TITLE	MD
NAME	GIBBS, LEONARD
STREET ADDRESS	2141 NW 26TH AVE.
CITY-ST-ZIP	FT. LAUDERDALE FL
TITLE	D
NAME	CALDWELL, MARVIN
STREET ADDRESS	3361 N W 8TH STREET
CITY-ST-ZIP	FT LAUDERDALE, FL 33311
TITLE	PD
NAME	BELL, RONALD
STREET ADDRESS	4421 SW 18TH ST
CITY-ST-ZIP	HOLLYWOOD, FL 00000
TITLE	TD
NAME	CALDWELL, ROSA M
STREET ADDRESS	3361 NW 8TH STREET
CITY-ST-ZIP	FT LAUDERDALE, FL 00000
TITLE	S
NAME	PENDLETON, JEWEL
STREET ADDRESS	221 VERMONT AVE.
CITY-ST-ZIP	FT. LAUDERDALE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	CORPORATE S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	HILL, ANGELA
1.3 STREET ADDRESS	3130 NW 4TH PL
1.4 CITY-ST-ZIP	FORT LAUDERDALE, FL 33311
2.1 TITLE	TR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	MAPP, CARLTON
2.3 STREET ADDRESS	220 NW 29TH TER
2.4 CITY-ST-ZIP	FORT LAUDERDALE, FL 33312
3.1 TITLE	TR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	MCGRUDER, CLIFTON
3.3 STREET ADDRESS	3300 NW 17TH CT
3.4 CITY-ST-ZIP	FORT LAUDERDALE FL 33311
4.1 TITLE	TR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	STEELE, WILLIE
4.3 STREET ADDRESS	1156 NW 30TH TER
4.4 CITY-ST-ZIP	FORT LAUDERDALE, FL 33311
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: B. Caldwell Rosa M. Caldwell 3/6/95 (791-8992)
SIGNATURE AND TYPED OR PRINTED NAME OF SERVING OFFICER OR DIRECTOR