


FILE NOW: FILING FEE IS \$61.25

FILED  
May 08 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 749243 (2) 1. Corporation Name <b>SHARING THE CHURCH OF JESUS CHRIST, INC</b>			
Principal Place of Business <b>1742 W. Oakland Pk Blvd Oakland Park, Florida 33310</b>		Mailing Address <b>3361 NW 8th St Ft Lauderdale, Florida 33311</b>	
2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified <b>10/09/79</b>	3a. Date of Last Report <b>4/9/96</b>
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number <b>59-2093706</b>	Applied For Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
Zip 24	Country 25	Zip 29	Country 30
9. Name and Address of Current Registered Agent <b>Caldwell, Rosa M. 3361 NW 8th STREET Ft. Lauderdale Fl 33311</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code	
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 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 617.0503, Florida Statutes.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>PD<sup>ST</sup> Bell, Ronald 4421 SW 18th STREET Hollywood, Fl 33023</b>	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP <b>D Steele, Willie 1156 NW 30th TERR. Ft. Lauderdale Fl 33311</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>V Bell, Bertha 4421 SW 18th STREET Hollywood, Fl 33023</b>	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP <b>TD Caldwell, Rosa 3361 NW 8th STREET FT. Lauderdale Fl 33311</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>MD Gibbs, Leonard 2141 NW 26th Ave. Ft. Lauderdale Fl 33311</b>	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP <b>S Hill, Angela 3130 NW 4th Pl Ft. Lauderdale, Fl 33311</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>D Caldwell, Marvin 3361 NW 8th STREET Ft. Lauderdale, Fl 33311</b>	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP <b>D Carlton, Mapp 220 SW 29th TERR Ft. Lauderdale Fl</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>D McGruder, Clifton E. 3300 NW 17th Ct. Ft. Lauderdale Fl 33311</b>	<input type="checkbox"/> DELETE <input checked="" type="checkbox"/> Addition	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP <b>000002184970 -05/20/97--01051--008 CS ***70.00 5/18/97</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 as an attachment with an address.			
SIGNATURE: <i>Rosa M. Caldwell</i>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: <i>Rosa M. Caldwell</i>	
Date: <i>5/4/97</i>		Daytime Phone: <i>(954) 791-9992</i>	

CF2E037 (9/96)