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**Mar 14, 1999 8:00 am**  
**Secretary of State**

03-14-1999 90010 039 \*\*\*\*70.00

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 749243**

1. Corporation Name  
**SHARING THE CHURCH OF JESUS CHRIST, INC.**

Principal Place of Business 1742 W OAKLAND PARK BLVD OAKLAND PARK FL 33310 US	Mailing Address 3361 NW 8TH ST FT. LAUDERDALE FL 33311 US
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2. Principal Place of Business 21 <b>2620 NW 19th Ave.</b> Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.	3. Date Incorporated or Qualified 10/09/1979
22 City & State 23 <b>Oakland Park, FL</b>	27 City & State	4. FEI Number 59-2093706 Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>
24 Zip 33310	25 Country US	29 Country
28 Country US		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
29 Country US		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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

12. OFFICERS AND DIRECTORS

TITLE	V	<input type="checkbox"/> DELETE
NAME	BELL, BERTHA	
STREET ADDRESS	4421 SW 18TH ST	
CITY-ST-ZIP	HOLLYWOOD FL 33023	
TITLE	MD	<input type="checkbox"/> DELETE
NAME	GIBBS, LEONARD	
STREET ADDRESS	2141 NW 26TH AVE.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33311	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CALDWELL, MARVIN	
STREET ADDRESS	3361 N W 8TH STREET	
CITY-ST-ZIP	FT LAUDERDALE FL 33311	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	BELL, RONALD	
STREET ADDRESS	4421 SW 18TH ST	
CITY-ST-ZIP	HOLLYWOOD FL 33023	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	CALDWELL, ROSA M	
STREET ADDRESS	3361 NW 8TH STREET	
CITY-ST-ZIP	FT LAUDERDALE FL 33311	
TITLE	S	<input type="checkbox"/> DELETE
NAME	HILL, ANGELA	
STREET ADDRESS	3130 NW 4TH PL	
CITY-ST-ZIP	FT. LAUDERDALE FL 33311	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MOORE, ROY	
1.3 STREET ADDRESS	5908 NW 16TH ST	
1.4 CITY-ST-ZIP	SUNRISE, FL 33313	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	MCGRUDER, CLIFTON	
2.3 STREET ADDRESS	5303 NW 21ST CT.	
2.4 CITY-ST-ZIP	LAUDERHILL, FL 33313	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	STEELE, WILLIE	
3.3 STREET ADDRESS	1156 NW 30TH TERR.	
3.4 CITY-ST-ZIP	PORT LAUDERDALE, FLORIDA 33311	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Rosa M Caldwell (954) 987-3263  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)