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Jan 22 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N18116 (6)

1. Corporation Name
SOUTH SEMINOLE CHRISTIAN SHARING CENTER, INC.



Principal Place of Business Mailing Address
600 NORTH HIGHWAY 17/92 SUITE 158 LONGWOOD FL 32750

3. Date Incorporated or Qualified 12/08/1986
3a. Date of Last Report 02/07/1996

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

4. FEI Number 59-2744535
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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RENNER, DON REV.
224 RAINER COVE
CASSELBERRY FL 32707

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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD DELETED
NAME RENNER, DON REV.
STREET ADDRESS 224 RAINER COVE
CITY-ST-ZIP CASSELBERRY FL

1.1 TITLE President PD Change
1.2 NAME HOYER, Paul Rev.
1.3 STREET ADDRESS 178 Washington Ave
1.4 CITY-ST-ZIP Lake Mary, FL 32746

TITLE VD DELETED
NAME HOYER, PAUL REV.
STREET ADDRESS 780 SUN DRIVE
CITY-ST-ZIP LAKE MARY FL

2.1 TITLE Vice President VD Change
2.2 NAME CULBRETH, Craig Rev.
2.3 STREET ADDRESS 1191 Trottwood Blvd
2.4 CITY-ST-ZIP Winter Springs, FL 32708

TITLE TD DELETED
NAME GROSS, STANLEY C.
STREET ADDRESS 235 W SABAL PALM PLACE
CITY-ST-ZIP LONGWOOD FL

3.1 TITLE Treasurer TD Change
3.2 NAME GROSS, Stanley C.
3.3 STREET ADDRESS 235 W Sabal Palm Place
3.4 CITY-ST-ZIP Longwood, FL 32779

TITLE SD DELETED
NAME ELLRODT, EDITH
STREET ADDRESS 378 HACIENDA VILLAGE
CITY-ST-ZIP WINTER SPRINGS FL

4.1 TITLE Secretary SD Change
4.2 NAME MUNIZZI, Amy
4.3 STREET ADDRESS 230 Humphrey Road
4.4 CITY-ST-ZIP Lake Mary, FL 32746

TITLE DELETED
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETED
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE: S. C. Gross Treasurer

1/13/97 407-788-3521
Date Daytime Phone # 007784

CR2E037 (9/96)