

FILE NOW: FILING FEE IS \$61.25

FILED
May 05 1998 8:00am
Secretary of State

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| NQNP CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # N18116 (6)
1. Corporation Name
THE CHRISTIAN SHARING CENTER, INC.



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|---|---|
| Principal Place of Business 600 NORTH HIGHWAY 17/92 SUITE 158 LONGWOOD FL 32750 | Mailing Address 600 NORTH HIGHWAY 17/92 SUITE 158 LONGWOOD FL 32750 |
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|---|--|
| 3. Date Incorporated or Qualified 12/08/1986 | |
| 4. FEI Number 59-2744535 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

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|--------------------------------|-------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21. Suite, Apt. #, etc. | 26. Suite, Apt. #, etc. |
| 22. City & State | 27. City & State |
| 23. Zip | 28. Zip |
| 24. Country | 29. Country |
| 25. Country | 30. Country |

9. Name and Address of Current Registered Agent
**RENNER, DON REV.
224 RAINIER COVE
CASSELBERRY FL 32707**

10. Name and Address of New Registered Agent

| | |
|--|--------------------------------------|
| 81. Name Guthrie, Rev. David | |
| 82. Street Address (P.O. Box Number is Not Acceptable) 1525 SR 434 W | |
| 83. | |
| 84. City Longwood | 85. Zip Code FL 32750-3877 |

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: *David B. Schue* (NOTE: Registered Agent signature required when reinstating) DATE: **4/27/98**

12. OFFICERS AND DIRECTORS

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD HOYER, PAUL REV. 178 WASHINGTON AVE. LAKE MARY FL 32746 | <input checked="" type="checkbox"/> DELETE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD CULBRETH, CRAIG REV. 1101 TROTTWOOD BLVD. WINTER SPRINGS FL 32708 | <input checked="" type="checkbox"/> DELETE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD GROSS, STANLEY C. 235 W SABAL PALM PLACE LONGWOOD FL 32779 | <input type="checkbox"/> DELETE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD MUNIZZI, AMY 230 HUMPHREY ROAD LAKE MARY FL 32748 | <input checked="" type="checkbox"/> DELETE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> DELETE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> DELETE |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--|--|--|
| 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP | PD Guthrie, Rev David 1525 SR 434 W Longwood, FL 32750-3877 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP | VPD Jim Gibson 682 Cheay Lee Circle Winter Springs, FL 32708 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP | SD Rollin Clayton 682-109 Post Oak Circle Altamonte Springs, FL 32701 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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.

SIGNATURE: *Don Renner* Treasurer **4/8/98** **788-3521**

CR2E037 (10/97)