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**Mar 25, 1999 8:00 am**  
**Secretary of State**

03-25-1999 90010 029 \*\*\*\*61.25

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NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N18116**

1. Corporation Name

**THE CHRISTIAN SHARING CENTER, INC.**

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

3. Date Incorporated or Qualified

12/08/1986

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

9. Name and Address of Current Registered Agent

GUTHRIE, DAVID REV  
 1525 SR 434 W  
 LONGWOOD FL 32750

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 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

TITLE PD  DELETE  
 NAME GUTHRIE, DAVID REV  
 STREET ADDRESS 1525 SR 434 W  
 CITY-ST-ZIP LONGWOOD FL 32750

TITLE VPD  DELETE  
 NAME GIBSON, JIM  
 STREET ADDRESS 682 CHEOY LEE CIR  
 CITY-ST-ZIP WINTER SPRINGS FL 32708

TITLE TD  DELETE  
 NAME GROSS, STANLEY C.  
 STREET ADDRESS 235 W SABAL PALM PLACE  
 CITY-ST-ZIP LONGWOOD FL 32779

TITLE SD  DELETE  
 NAME CLAYTON, ROLLIN  
 STREET ADDRESS 683-109 POST OAK CIR  
 CITY-ST-ZIP ALTAMONTE SPRINGS F 32701

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP

2.1 TITLE VPD  Change  Addition  
 2.2 NAME Clague, George  
 2.3 STREET ADDRESS 2542 Fairbluff Rd  
 2.4 CITY-ST-ZIP Zellwood, FL 32798

3.1 TITLE TD  Change  Addition  
 3.2 NAME Clayton, Rollin  
 3.3 STREET ADDRESS 683-109 Post Oak Circle  
 3.4 CITY-ST-ZIP Altamonte Springs, FL 32701

4.1 TITLE  Change  Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

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

6.1 TITLE  Change  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: *William S. Clague*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/99 (407) 332-0688  
 Date Daytime Phone #

CR2E037 (1/198)