

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 13, 2000 8:00 am
Secretary of State

06-13-2000 90006 024 ****61.25

DOCUMENT # N18116

1. Entity Name

THE CHRISTIAN SHARING CENTER, INC.

Principal Place of Business

Mailing Address

600 NORTH HIGHWAY 17/92
 SUITE 158
 LONGWOOD FL 32750

600 NORTH HIGHWAY 17/92
 SUITE 158
 LONGWOOD FL 32750-3638

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2744535

Applied For

Not Applicable

Zip

Country
 Seminole

Zip

Country
 Seminole

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GUTHRIE, DAVID REV
 1525 SR 434 W
 LONGWOOD FL 32750

Name
George Clague
 Street Address (P.O. Box Number is Not Acceptable)
2542 Fairbluff Rd
Zellwood, FL 32798
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

George Clague

4-10-00

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**-Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	GUTHRIE, DAVID REV	
STREET ADDRESS	1525 SR 434 W	
CITY-ST-ZIP	LONGWOOD FL 32750	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	CLAGUE, GEORGE	
STREET ADDRESS	2542 FAIRBLUFF RD	
CITY-ST-ZIP	ZELLWOOD FL 32798	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	CLAYTON, ROLLIN	
STREET ADDRESS	683-109 POST OAK CIRCLE	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	CLAYTON, ROLLIN	
STREET ADDRESS	683-109 POST OAK CIR	
CITY-ST-ZIP	ALTAMONTE SPRINGS F 32701	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	George Clague	
STREET ADDRESS	2542 Fairbluff Rd	
CITY-ST-ZIP	Zellwood, FL 32798	
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Frederic Schott	
STREET ADDRESS	746 Magnolia Ave	
CITY-ST-ZIP	Orlando, FL 32803	
TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sandy Patchin	
STREET ADDRESS	1295 N Maryland St	
CITY-ST-ZIP	Sanford, FL 32771	
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	William Froehlich	
STREET ADDRESS	522 Astria St	
CITY-ST-ZIP	Altamonte Springs, FL 32701	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

George Clague
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-00

Date

407-884 8551

Daytime Phone #

CR2E037 (9/99)