


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90059 013 ****70.00

DOCUMENT # 705029		
1. Entity Name SHARON ORTHODOX PRESBYTERIAN CHURCH, INC.		
Principal Place of Business 17680 NW 78 AVE HIALEAH FL 33015-3628		Mailing Address 17680 NW 78 AVE HIALEAH FL 33015-3628
2. Principal Place of Business	3. Mailing Address 6270 W. 6 Ave.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State Hialeah, FL	
Zip	Country	Zip 33012-6529 Country USA



1st MOORE CR2E037 (10/04)

4. FEI Number 59-6179962		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent BOER, JEFFREY K., PASTOR 17680 NW 78TH AVENUE HIALEAH FL 33015-3628		
7. Name and Address of New Registered Agent Name Jeffrey K. Boer, Pastor Street Address (P.O. Box Number is Not Acceptable) 6270 W. 6 Ave. City Hialeah FL Zip Code 33012-6529		

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Jeffrey K. Boer
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

2-11-05

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CLAY, MICHAEL C 3737 A FURMAN SMITH RD/ COLUMBIA SC 29206-5320 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Cloy, Michael C. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3709 Custer Loop Columbia, SC 29206
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MONTES, RAUL 7115 MIAMI LAKES DR #N-27 MIAMI LAKES FL 33014 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BOER, JEFFREY K. 17680 NW 78TH AVENUE HIALEAH, FL 33015 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Boer, Jeffrey K. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6270 W. 6 Ave. Hialeah, FL 33012-6529
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Jeffrey K. Boer **Jeffrey K. Boer**
Signature and typed or printed name of signing officer or director

2-11-05

305-821-5761

Date

Daytime Phone #