

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

55 MAY -1 AM 9:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 738813 (5)

1. Corporation Name

SANFORD CHRISTIAN SHARING CENTER, INC.

Principal Place of Business

Mailing Address

515 E. 25TH ST.  
P.O. BOX 762  
SANFORD FL 32772

515 E. 25TH ST.  
P.O. BOX 762  
SANFORD FL 32772

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/22/1977

3a. Date of Last Report

03/28/1994

4. FEI Number

59-2891400

Applied For

Not Applicable

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

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

7. Nonprofit with IRS 501(c)(3)  
Tax Exempt Status

☒

\$68.75 Supplemental  
Fee Not Required

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

BROWN, IRENE K.  
7180 SR 46 W  
SANFORD FL 32771

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

*Irene K. Brown*

(NOTE: Registered Agent signature required when applicable)

DATE

4-27-95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                |                       |
|----------------|-----------------------|
| TITLE          | P                     |
| NAME           | CARSON, C.J.          |
| STREET ADDRESS | 117 E. COLEMAN CIRCLE |
| CITY, ST, ZIP  | SANFORD FL            |
| TITLE          | VPD                   |
| NAME           | TKACHUK, TOM          |
| STREET ADDRESS | 2401 PARK AVENUE      |
| CITY, ST, ZIP  | SANFORD FL            |
| TITLE          | TD                    |
| NAME           | BROWN, IRENE K.       |
| STREET ADDRESS | 7180 SR 46 W          |
| CITY, ST, ZIP  | SANFORD FL            |
| TITLE          | SD                    |
| NAME           | WARREN, JUDY          |
| STREET ADDRESS | 2934 WHITE PINE LANE  |
| CITY, ST, ZIP  | LONGWOOD FL           |
| TITLE          |                       |
| NAME           |                       |
| STREET ADDRESS |                       |
| CITY, ST, ZIP  |                       |
| TITLE          |                       |
| NAME           |                       |
| STREET ADDRESS |                       |
| CITY, ST, ZIP  |                       |

|                   |                                                                              |
|-------------------|------------------------------------------------------------------------------|
| 11 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 12 NAME           |                                                                              |
| 13 STREET ADDRESS |                                                                              |
| 14 CITY, ST, ZIP  |                                                                              |
| 21 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 22 NAME           |                                                                              |
| 23 STREET ADDRESS |                                                                              |
| 24 CITY, ST, ZIP  |                                                                              |
| 31 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 32 NAME           |                                                                              |
| 33 STREET ADDRESS |                                                                              |
| 34 CITY, ST, ZIP  |                                                                              |
| 41 TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME           | SD MAXINE EKERN                                                              |
| 43 STREET ADDRESS | 7140 SR 46 W                                                                 |
| 44 CITY, ST, ZIP  | SANFORD FL 32771                                                             |
| 51 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 52 NAME           |                                                                              |
| 53 STREET ADDRESS |                                                                              |
| 54 CITY, ST, ZIP  |                                                                              |
| 61 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 62 NAME           |                                                                              |
| 63 STREET ADDRESS |                                                                              |
| 64 CITY, ST, ZIP  |                                                                              |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 817, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE:

*Irene K. Brown, TD*

(Signature and typed or printed name of signing officer or director)

4-27-95

407-322-9141

(Date)

(Telephone Number)