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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 738813

1. Corporation Name

SANFORD CHRISTIAN SHARING CENTER, INC.

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

21 **515 E 25 ST**

Suite, Apt. #, etc.

22

City & State

23 **SANFORD, SEM, FL**

Zip Country

24 **32771** 25 **USA**

2a. Mailing Address

26 **P.O. Box 762**

Suite, Apt. #, etc.

27

City & State

28 **SANFORD, FL**

Zip Country

29 **32772** 30 **USA**

3. Date Incorporated or Qualified

04/22/1977

4. FEI Number

59-2891400

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

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

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 **P** ☐ DELETE

NAME **MARTIN, RICHARD W.**

STREET ADDRESS **117 N. SUNLAND DR.**

CITY-ST-ZIP **SANFORD FL**

TITLE **VPD** ☐ DELETE

NAME **CARLSON, ETHEL**

STREET ADDRESS **1505 W LAKE MARY BLVD**

CITY-ST-ZIP **LAKE MARY FL**

TITLE **TD** ☐ DELETE

NAME **BROWN, IRENE K.**

STREET ADDRESS **7180 SR 46 W**

CITY-ST-ZIP **SANFORD FL**

TITLE **SD** ☐ DELETE

NAME **EKERN, MAXINE**

STREET ADDRESS **205 TYLER DRIVE**

CITY-ST-ZIP **SANFORD FL 32773**

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 ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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: **SIGNATURE REQUIRED**

2-19-99 407 323-2513

CR2E037 (11/98)