2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 10, 2005 8:00 am Secretary of State

1. Entity Name SANFORD CHRISTIAN SHARING CENTER, INC.						02	-10-2005 900	039 039 ****61.2	25	
Principal Place of Business 515 E. 25TH ST. SANFORD, FL 32772			Mailing Address PO BOX 762 SANFORD, FL 32772			·				
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			02082005	Chg-NP	CR2E037 (10/03)		
City & State			City & State			4. FEI Number 59-28914	400	 -	pplied For ot Applicable	
Zip					intry	5. Certificate of	Status Desired	S8.75 Ad Fee Require		
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent				
COLLINS, GAIL 121 EDGEWATER CIR,			~		Name REBECCA GRIFFITHS Street Address (P.O. Box Number is Not Acceptable)					
SANFORE				Street		325 SPRUL		OAD	·	
					.1 -	KE MARY		FL Zip Coo	1e 146	
8. The above the obligation	named entit tions of regist	ty submits this statement tered agent.	for the purpose of changing it	s register	ed office or reg	istered agent, or both,	in the State of Flo	orida. I am familiar with	and accept	
SIGNATURE Signature, typed or printed regine of registered agent and title if applicable. (NOTE: Registered Agent eignature required when reinstating) DATE										
						,		DATE		
		e is \$61.25 flay 1, 2005	9. Election Ca Trust Fund	mpaign F	inancing	\$5.00 May Be Added to Fees		ake check payable tida Department of S		
10			, Trust Fund	mpaign F	inancing	\$5.00 May Be Added to Fees	Flori	ake check payable t Ida Department of S	tate	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARTIN, 117 N. SL	May 1, 2005	, Trust Fund	tmpaign F Contribut 11. TITLE NAME STRE	Financing ion.	\$5.00 May Be Added to Fees	Flori IGES TO OFFICE VSCN	ake check payable t	tate	
TITLE NAME STREET ADDRESS	P MARTIN, 117 N. SL SANFORI VPD CARLSON	Aay 1, 2005 OFFICERS AND D RICHARD W. JNLAND DR. D, FL 32773 N, ETHEL ANTATION	Trust Fund	tmpaign F Contribut 11. TITLE NAME STRE CITY TITLE NAME STRE	inancing ion. P E E H H EF ADDRESS I S W E E E F ADDRESS I I I I I I I I I I I I I I I I I I	\$5.00 May Be Added to Fees ADDITIONS/CHAN resident arvey Van Di 5 Grove Lar	Floringes to officer usen ie 32771	ake check payable i ida Department of S	tate	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	P MARTIN, 117 N. SL SANFORI VPD CARLSON 604 W PL LAKE MA TD COLLINS, 121 EDGE	Aay 1, 2005 OFFICERS AND D RICHARD W. JNLAND DR. D, FL 32773 N, ETHEL ANTATION RY, FL	Trust Fund	Impaign F Contribut 11. Titte NAME STRE CITY TITLE NAME STRE CITY TITLE NAME STRE CITY TITLE NAME STRE NAME STRE	FI ADDRESS ST. ZIP See FI ADDRESS 32	\$5.00 May Be Added to Fees ADDITIONS/CHAN resident arvey Van Di 5 Grove Lar anford, FL ce President ary Walker 1 Kentwood	Floringes to Officer usen 32771 Avenue 32771 fiths d Road	lake check payable to ida Department of S	N 10 Addition	
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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

Juan B. Driffiths / REBECCH B. GRIFFITHS, TREASURER 2/8/05

401-702-4192