

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

02-10-2005 90039 039 \*\*\*\*61.25

<b>DOCUMENT # 738813</b> 1. Entity Name <b>SANFORD CHRISTIAN SHARING CENTER, INC.</b>					
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.			
City & State		City & State			
Zip	Country	Zip	Country	02082005    Chg-NP    CR2E037 (10/03)	
4. FEI Number <b>59-2891400</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
COLLINS, GAIL 121 EDGEWATER CIR. SANFORD, FL 32773			Name <b>REBECCA GRIFFITHS</b> Street Address (P.O. Box Number is Not Acceptable) <b>325 SPRUCEWOOD ROAD</b> City <b>LAKE MARY</b> <b>FL</b> Zip Code <b>32746</b>		
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 <u><i>Rebecca B. Griffiths, Treasurer</i></u> <b>2/8/05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>MARTIN, RICHARD W.</b> <b>117 N. SUNLAND DR.</b> <b>SANFORD, FL 32773</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <b>Harvey Van Dusen</b> <b>115 Grove Lane</b> <b>Sanford, FL 32771</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <b>CARLSON, ETHEL</b> <b>604 W PLANTATION</b> <b>LAKE MARY, FL</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President</b> <b>Mary Walker</b> <b>411 Kentwood Avenue</b> <b>Sanford, FL 32771</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>COLLINS, GAIL</b> <b>121 EDGEWATER CIR.</b> <b>SANFORD, FL 32773</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treasurer</b> <b>Rebecca Griffiths</b> <b>325 Sprucewood Road</b> <b>LAKE MARY, FL 32746</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>EKERN, MAXINE</b> <b>205 TYLER DRIVE</b> <b>SANFORD, FL 32773</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary</b> <b>Ruth King</b> <b>157 Canal Street</b> <b>Sanford, FL 32771</b>	
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.					
<b>SIGNATURE: <u>Rebecca B. Griffiths</u> / REBECCA B. GRIFFITHS, TREASURER</b> <b>2/8/05</b> <b>401-702-4192</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #</small>					