2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

May 08, 2008 8:00 am Secretary of State **DOCUMENT # 738813** 1. Entity Name 05-08-2008 90012 049 ****70.00 SANFORD CHRISTIAN SHARING CENTER, INC. Mailing Address Principal Place of Business 515 E. 25TH ST. SANFORD FL 32772 PO BOX 762 SANFORD FL 32772 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (10/07) 1st MOORE City & State Applied For City & State 4. FEI Number 59-2891400 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GRIFFITHS, REBECCA Street Address (P.O. Box Number is Not Acceptable) 325 PRULEWOOD ROAD LAKE MARY FL 32746 Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NÖTE: Begistered Agent signature required when reinstating) Make Check Payable to FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Due By May 1, 2008 Trust Fund Contribution. Added to Fees Florida Department of State archiniair. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. VILE PRESIDENT TITLE Change M Addition TITLE ☐ Delate KENNETH KNICKERBOCKER VAN DUSEN, HARVEY NAME NAME STREET ADDRESS 115 GROVE LANE 398 MORNING GLORY DRIVE STREET ADDRESS SANFORD FL 32771 City-St-ZiP LAKE MARY, FL 32746 CITY - ST - ZIP TITLE ☐ Change ☐ Addition TITLE Delete MEREDITH, JIM NAME NAME 450 MICHIGAN ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SANFORD FL 32773 CITY-ST-Zif* Change_ ncilibbA 🔲 _ Delate TITLE GRIFFITHS, REBECCA NAME 325 SPRUCEWOOD ROAD STREET ADDRESS STREET ADDRESS LAKE MARY FL 32746 CITY-ST-ZIP CITY-ST-ZIP SEC Change ☐ Addition THILE ☐ Delete TITLE KING, RUTH MAME NAME STREET ADDRESS 157 CANAL STREET STREET ADDRESS SANFORD FL 32771 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change neitibbA [THE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE Addition THILE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 attaction with an address, with all other like empowered.

SIGNATURE:

FILED