


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # 741583 1. Entity Name SHARON PRIMITIVE BAPTIST CHURCH, INC.	
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Principal Place of Business CORNER HINSON AVE & 28TH ST HAINES CITY, FL 33844 US	Mailing Address 685 DYSON RD HAINES CITY, FL 33844 US
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01082008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2872267	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

KEEN, EARLENE R
685 DYSON ROAD
HAINES CITY, FL 33844

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

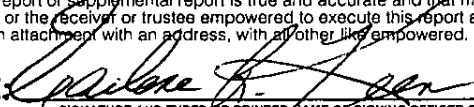
Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KEEN, EARLENE 685 DYSON ROAD HAINES CITY, FL 33844
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DENMARK, VICTOR 1922 SUE CT WINTER HAVEN, FL 33881
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DD BEASLEY, BRUCE 825 3RD STREET, LAKE IDA WINTER HAVEN, FL 33880
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DD BEASLEY, BOYD 825 3RD STREET, LAKE IDA WINTER HAVEN, FL 33880
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DD BEASLEY, BRAIN 3309 QUEENS COVE LOOP WINTER HAVEN, FL 33880
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE:  **January 8, 2008**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #