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MAY 27  
TALLAHASSEE, FLORIDA*

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE  
Sandra H. Muthart  
Secretary of State  
1905 BANK BUILDING, TALLAHASSEE, FL



DOCUMENT # **764439** (6)  
SHARON CHRISTIAN CHURCH, INC.

Principal Place of Business: **3443 N HAVERHILL ROAD WEST PALM BEACH FL 33417**  
Mailing Address: **3443 N HAVERHILL ROAD WEST PALM BEACH FL 33417**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/05/1982**  
3a. Date of Last Report: **02/10/1994**

4. FEI Number: **59-2394965**  
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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status:  \$68.75 Supplemental Fee Not Required

8. This corporation has liability for a franchise fee under § 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: **21**  
2a. Mailing Address: **26**  
State, Apt. #, etc.: **22**  
27  
City & State: **23**  
28  
Zip: **24** County: **25** Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent  
**WALLACE, W.R.  
15281 COLLECTING CANAL RD  
LOXAHATCHEE, FL  
NORTH PALM BEACH FL 33470**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_  
Signed by: (Type or printed name of registered agent or state treasurer) (Type or printed name of registered agent or treasurer) DATE

12. OFFICERS AND DIRECTORS	
TITLE: <b>PD</b> NAME: <b>PARKER, DAVID A</b> STREET ADDRESS: <b>17629 133 TRL N</b> CITY, ST, ZIP: <b>JUPITER FL</b>	TITLE: <b>TD</b> NAME: <b>HIMMELHEBER, CAROLYN M.</b> STREET ADDRESS: <b>1373 WHITE PINE DR</b> CITY, ST, ZIP: <b>WEST PALM BEACH FL</b>
TITLE: <b>CD</b> NAME: <b>HIMMELHEBER, DAVID R</b> STREET ADDRESS: <b>11289 40 ST N</b> CITY, ST, ZIP: <b>W PALM BCH FL</b>	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY, ST, ZIP: _____	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY, ST, ZIP: _____	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY, ST, ZIP: _____	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY, ST, ZIP: _____	

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: <b>PD</b> NAME: <b>Bliffen, Jack M</b> STREET ADDRESS: <b>148 Pinewood Ct</b> CITY, ST, ZIP: <b>Jupiter, FL 33458</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <b>TD</b> NAME: <b>van Camp, Charlene</b> STREET ADDRESS: <b>3703 - 37th Way</b> CITY, ST, ZIP: <b>West Palm Beach, FL 33407</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <b>CD</b> NAME: <b>parker, David A</b> STREET ADDRESS: <b>17629 133 Trl N</b> CITY, ST, ZIP: <b>Jupiter, FL 33458</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY, ST, ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 119.02(1)(b), Florida Statutes. I further certify that the information included 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. I am an officer or director of the corporation or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears on Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **JAMES H. B... 4/28/95 707 745 7190**