

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Sep 27, 2004 8:00 am**  
**Secretary of State**

09-27-2004 90001 019 \*\*\*\*61.25

**DOCUMENT # 764439**

1. Entity Name

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2394965

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

JARRELL, VINSON W  
3061 MERIDIAN NORTH 2  
PALM BCH GDN FL 33410

7. Name and Address of New Registered Agent

Name

BARRETT, MALCOLM

Street Address (P.O. Box Number is Not Acceptable)

4862 PINE KNOTT LANE

City

WEST PALM BEACH FL 33417

FL 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.

(NOTE: Registered Agent Signature required when reinstalling)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE CD ☒ Delete  
NAME JARRELL, VINSON W  
STREET ADDRESS 3062 MERIDIAN NORTH 2  
CITY-ST-ZIP PALM BCH GDN FL 33410

TITLE TD  
NAME HIMMELHEBER, CAROLYN  
STREET ADDRESS 1397 PINETTA CR  
CITY-ST-ZIP WELLINGTON FL 33414 *New Address*

TITLE *CD* ☐ Delete  
NAME BARRETT, MALCOLM  
STREET ADDRESS 4862 PINE KNOTT LN *OK*  
CITY-ST-ZIP WEST PALM BEACH FL 33417

TITLE D ☐ Delete  
NAME FORD, ALAN  
STREET ADDRESS 16217 81ST LANE *8289-112th Terr.*  
CITY-ST-ZIP LOXAHATCHEE FL 33470 *33412*

TITLE *W Palm Beach* ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME Carolyn M. Himmelheber  
STREET ADDRESS 113 Lake Dora Dr.  
CITY-ST-ZIP West Palm Beach, FL 33411-2378

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #