


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 Mailing Address
3443 N. HAVERHILL ROAD **3443 N. HAVERHILL ROAD**
WEST PALM BEACH FL 33417 **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



MOORE CR2E037 (4/04)

4. FEI Number Applied For
59-2394965 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 PTNE KNOTT LANE**
 City: **WEST PALM BEACH FL 33417** Zip Code: **FL**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	<input checked="" type="checkbox"/> Delete
NAME	JARRELL, VINSON W	
STREET ADDRESS	3062 MERIDIAN NORTH 2	
CITY-ST-ZIP	PALM BCH GDN FL 33410	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HIMMELHEBER, CAROLYN	
STREET ADDRESS	1397 PINETTA CR	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE	CD	<input type="checkbox"/> Delete
NAME	BARRETT, MALCOLM	
STREET ADDRESS	4862 PINE KNOTT LN	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE	D	<input type="checkbox"/> Delete
NAME	FORD, ALAN	
STREET ADDRESS	16217 816T LANE	
CITY-ST-ZIP	LOXAHATCHEE FL 33470	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Carolyn M. Himmelheber	
STREET ADDRESS	113 Lake Dora Dr.	
CITY-ST-ZIP	West Palm Beach, FL 33411-2378	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Malcolm S Barrett*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #