


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2006 08:00 AM
Secretary of State

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**



01052006 No Chg-NP CR2E037 (11/05)

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
FORD, ALAN
8289 112TH TERRACE, N.
WEST PALM BEACH, FL 33412

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 reinstating) DATE

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	SEC.
NAME	ELLIOTT, BERTHA
STREET ADDRESS	204 EASTHAMPTON - I
CITY-ST-ZIP	WEST PALM BEACH, FL 33417
TITLE	CHMN
NAME	WEBB, JOSEPH
STREET ADDRESS	4802 23RD. PL. N.
CITY-ST-ZIP	WEST PALM BEACH, FL 33417
TITLE	D
NAME	FORD, ALAN
STREET ADDRESS	8289 112TH TERR. N.
CITY-ST-ZIP	WEST PALM BEACH, FL 33412
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

100000385010
01/17/06-80037-022 61.25

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: Alan C. Ford II 1/7/2006 561-624-9261
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #