


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 3443 N. HAVERHILL ROAD WEST PALM BEACH, FL 33417	Mailing Address 3443 N. HAVERHILL ROAD WEST PALM BEACH, FL 33417	
<div style="text-align: right;"> 01052006 No Chg-NP CR2E037 (11/05) </div>		
4. FEI Number 59-2394965		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)</small>		
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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		
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: <u>Alan C. Ford II</u> <u>1/7/2006</u> <u>561-624-9261</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



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4. FEI Number
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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