

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 764439

FILED  
Jan 07, 2008  
Secretary of State

Entity Name: SHARON CHRISTIAN CHURCH, INC.

**Current Principal Place of Business:**

3443 N. HAVERHILL ROAD  
WEST PALM BEACH, FL 33417

**New Principal Place of Business:**

**Current Mailing Address:**

3443 N. HAVERHILL ROAD  
WEST PALM BEACH, FL 33417

**New Mailing Address:**

FEI Number: 59-2394965      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: SEC.      ( ) Delete  
Name: ELLIOTT, BERTHA  
Address: 204 EASTHAMPTON - I  
City-St-Zip: WEST PALM BEACH, FL 33417

Title: CHMN      ( ) Delete  
Name: WEBB, JOSEPH  
Address: 4802 23RD. PL. N.  
City-St-Zip: WEST PALM BEACH, FL 33417

Title: D      ( ) Delete  
Name: FORD, ALAN  
Address: 8289 112TH TERR. N.  
City-St-Zip: WEST PALM BEACH, FL 33412

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: PAS.      (X) Change ( ) Addition  
Name: CARTER, ROBERT F  
Address: 3401 CHRISTOPHER STREET  
City-St-Zip: WEST PALM BEACH, FL 33417

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT FELTON CARTER

DIR.

01/07/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date