FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -3 PM 1:32

DOCUMENT # N18116 (6)

1. Corporation Name
SOUTH SEMINOLE CHRISTIAN SHARING CENTER, INC.

Principal Place of Business	Mailing Address
1680 N. CR. 427 LONGWOOD FL 32750	1680 N. CR. 427 LONGWOOD FL 32750

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/08/1986
3a. Date of Last Report: 01/21/1994
4. FEI Number: 59-2744535 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

BURNS, LOIS
200 MAGNOLIA OAK COURT
LONGWOOD FL 32779

10. Name and Address of New Registered Agent

01 Name: Rev Don Renner
02 Street Address (P.O. Box Number is Not Acceptable)
03: 224 Ranier Cove
04 City: Casselberry FL 05 Zip Code: 32707

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☑ Change ☐ Addition
NAME	BURNS, LOIS	1.2 NAME	Rev Don Renner	
STREET ADDRESS	200 MAGNOLIA OAK COURT	1.3 STREET ADDRESS	224 Ranier Cove	
CITY-ST-ZIP	LONGWOOD FL	1.4 CITY-ST-ZIP	Casselberry, FL 32707	
TITLE	VD	2.1 TITLE	V/D	☑ Change ☐ Addition
NAME	SCHNELL, JAMES	2.2 NAME	Rev. Paul Hoyer	
STREET ADDRESS	645 SWEETBRIAR BRANCH	2.3 STREET ADDRESS	760 Sun Drive	
CITY-ST-ZIP	LONGWOOD FL	2.4 CITY-ST-ZIP	Lake Mary, FL 32746	
TITLE	TD	3.1 TITLE	T/D	☐ Change ☐ Addition
NAME	GROSS, STANLEY	3.2 NAME	Stanley C. Gross	
STREET ADDRESS	235 W SABAL PALM	3.3 STREET ADDRESS	235 W Sabal Palm Place	
CITY-ST-ZIP	LONGWOOD, FL	3.4 CITY-ST-ZIP	Longwood, FL 32779	
TITLE	SD	4.1 TITLE	S/D	☑ Change ☐ Addition
NAME	BRITT, KAREN	4.2 NAME	Edith Ellrodt	
STREET ADDRESS	1649 WINDY BLUFF POINT	4.3 STREET ADDRESS	378 Hacienda Village	
CITY-ST-ZIP	LONGWOOD FL	4.4 CITY-ST-ZIP	Winter Springs, FL 32708	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Stanley C. Gross, Treasurer 407 788 3521
SIGNATURE AND TYPED OR PRINTED NAME OF FLORIDA OFFICER OR DIRECTOR — Date — Daytime Phone #

0031605