2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2001 8:00 am
Secretary of State
03-19-2001 90480 022 ****61.25

DOCUMENT # N18116

1. Entity Name

THE CHRISTIAN SHARING CENTER, INC.

Principal Place of Business	Mailing Address
600 NORTH HIGHWAY 17/92 SUITE 158 LONGWOOD FL 32750	600 NORTH HIGHWAY 17/92 SUITE 158 LONGWOOD FL 32750

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2744535 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CLAQUE, GEORGE
2542 FAIRBLUFF RD
ZELLWOOD FL 32798

7. Name and Address of New Registered Agent

Name Fred Schott
Street Address (P.O. Box Number is Not Acceptable) 746 N. Magnolia Ave.
City ORLANDO **FL** Zip Code 32803

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.

SIGNATURE Frederic Schott 3/15/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CLAGUE, GEORGE 2542 FAIRBLUFF RD ZELLWOOD FL 32798	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Frederic Schott 746 Magnolia Ave ORLANDO FL 32803 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD SCHOTT, FREDERIC 746 MAGNOLIA AVE ORLANDO FL 32803	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD William Froehlich 522 Astria St Altamonte Springs, FL 32701 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD PATCHIN, SANDY 1295 N MARYLAND ST SANFORD FL 32771	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Nancy Brown 1474 Hidden Ridge Cove Long Wood, FL 32750 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD FROEHLICH, WILLIAM 522 ASTRIA ST ALTAMONTE SPRINGS FL 32701	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD HAROLD Poole 545 Brigham Place Lake Mary, FL 32746 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Jimmy Williams 4969 Courtland Loop Winter Springs, FL 32708-4029 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/00)

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: Nancy Brown VP/FINANCE Nancy Brown 2/15/01 407-298-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #