2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2004
Secretary of State

DOCUMENT# N18116

Entity Name: THE CHRISTIAN SHARING CENTER, INC.

Current Principal Place of Business:

600 NORTH HIGHWAY 17/92
SUITE 158
LONGWOOD, FL 32750

New Principal Place of Business:

600 NORTH HIGHWAY 17/92
SUITE 158
LONGWOOD, FL 32750 US

Current Mailing Address:

600 NORTH HIGHWAY 17/92
SUITE 158
LONGWOOD, FL 32750

New Mailing Address:

600 NORTH HIGHWAY 17/92
SUITE 158
LONGWOOD, FL 32750 US

FEI Number: 59-2744535 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROMAGOSA, ANGELA M
210 COLUMBUS CIRCLE
LONGWOOD, FL 32750 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: PD ( ) Delete
Name: FROEHLICH, WILLIAM
Address: 522 ASTRIA STREET
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: TD ( ) Delete
Name: BROWN, NANCY
Address: 1474 HIDDEN RIDGE COVE
City-St-Zip: LONGWOOD, FL 32750

Title: VD ( ) Delete
Name: WILLIAMS, JIMMY
Address: 4969 COURTLAND LOOP
City-St-Zip: WINTER SPRINGS, FL 327084029

Title: SD ( ) Delete
Name: OVITZ, HAZEL
Address: 401 CONSERVATORY COVE
City-St-Zip: LAKE MARY, FL 327466346

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: FROEHLICH, WILLIAM
Address: 522 ASTRIA STREET
City-St-Zip: ALTAMONTE SPRINGS, FL 32701 US

Title: TD (X) Change ( ) Addition
Name: BROWN, NANCY
Address: 1474 HIDDEN RIDGE COVE
City-St-Zip: LONGWOOD, FL 32750 US

Title: VD (X) Change ( ) Addition
Name: WILLIAMS, JIMMY
Address: 4969 COURTLAND LOOP
City-St-Zip: WINTER SPRINGS, FL 327084029 US

Title: SD (X) Change ( ) Addition
Name: CHASTAIN, MARK
Address: 1547 STARGAZER TERRACE
City-St-Zip: SANFORD, FL 32771 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: WILLIAM F. FROEHLICH PD 03/04/2004

Electronic Signature of Signing Officer or Director — Date