2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2007
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 US

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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:	CHD	( ) Delete
Name:	HOYER, PAUL M REV.	
Address:	301 WASHINGTON DRIVE	
City-St-Zip:	LAKE MARY, FL 32746 US	
Title:	TD	( ) Delete
Name:	BROWN, NANCY J MS	
Address:	1474 HIDDEN RIDGE COVE	
City-St-Zip:	LONGWOOD, FL 32750 US	
Title:	VCHD	( ) Delete
Name:	KOHL, ROBERT MR.	
Address:	827 PADDINGTON TERRACE	
City-St-Zip:	HEATHROW, FL 32746 US	
Title:	SD	( ) Delete
Name:	LEVY, JOAN J MS	
Address:	447 STILL FOREST TERRACE	
City-St-Zip:	SANFORD, FL 32771 US	
Title:	PD	( ) Delete
Name:	ANGELA, ROMAGOSA M MRS.	
Address:	210 COLUMBUS CIRCLE	
City-St-Zip:	LONGWOOD, FL 32750 US	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	VCHD	(X) Change ( ) Addition
Name:	NASH, STEPHEN MR.	
Address:	118 EASTERN FORK	
City-St-Zip:	LONGWOOD, FL 32750 US	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the 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: ANGELA M ROMAGOSA PD 03/15/2007

Electronic Signature of Signing Officer or Director — Date