

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18116

FILED  
Feb 19, 2009  
Secretary of State

**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: GODBY, TIMM A MR  
Address: 410 CONSERVATORY COVE  
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: NASH, STEPHEN MR.  
Address: 118 EASTERN FORK  
City-St-Zip: LONGWOOD, FL 32750 US

Title: SD ( ) Delete  
Name: FOSBURGH, VALERIE A MS  
Address: 492 RANDON TERRACE  
City-St-Zip: LAKE MARY, FL 32746 US

Title: PD ( ) Delete  
Name: ANGELA, ROMAGOSA M MRS.  
Address: 210 COLUMBUS CIRCLE  
City-St-Zip: LONGWOOD, FL 32750 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**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: BOWMAN, DENNIS MR.  
Address: 866 SHRIVER CIRCLE  
City-St-Zip: LAKE MARY, FL 32746 US

Title: SD (X) Change ( ) Addition  
Name: MARIN, TOM MR  
Address: 5016 HAWK HAMMOCK'S WAY  
City-St-Zip: SANFORD, FL 32771 US

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

Title: D ( ) Change (X) Addition  
Name: HOYER, PAUL REV  
Address: 301 WASHINGTON AVE  
City-St-Zip: LAKE MARY, FL 32746 US

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: ANGELA M ROMAGOSA

PD

02/19/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date