N18116

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

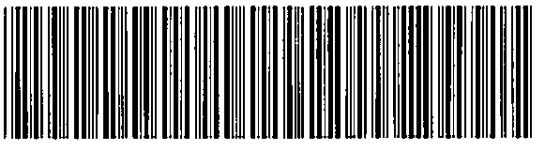
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800442649038

Charter Number Only

N18116

VALIDATION ONLY

12/05/86 00080 ...
NON PROFIT
NON PROFIT
TOTAL

Requestor's Name: SSCSC
Address: 107 E. Church Ave
City: Longwood, Fl 32750
State ZIP Phone

CORPORATION(S) NAME

C. TAX ______
~~FILING~~ 30.00
R. AGENT FEE ______
C. COPY ______
TOTAL 30.00
~~N. BANK~~ ______
BALANCE DUE ______
REFUND ______

GAVE AUTHORIZATION BY PHONE TO Andrea
CORRECT ...
DATE 12/8/86
DOC. EXAM. Teresa Hernandez

12/10/86 ...
REGISTERED AGENT
TOTAL

NON PROFIT CO.
FILING ______
C. COPY 85
R. AGENT 83
TOTAL 88
BALANCE DUE $ ______
REFUND $ ______

( ) Profit
( ) NonProfit
( ) Amendment
( ) Merger
( ) Foreign
( ) Dissolution
( ) Mark
( ) Limited Partnership
( ) Reinstatement
( ) Annual Report
( ) Reservation
( ) Other
( ) Change of Registered Agent
( ) Certified Copy
( ) Photo Copies
( ) Certificate Under Seal
( ) Call When Ready
( ) Walk In
( ) Will Wait
( ) Call If Problem
( ) Pick Up
( ) After 4:30
( ) Mail Out

Name Availability	
Document Examiner	
Updater	M
Verifier	M
Acknowledgment	M
W.P. Verifier	M

w/ 39041
083,644,656,274

NON-PROFIT CORP.
FILING $30
C. COPY 5
R. AGENT 3
TOTAL 38
BALANCE DUE $ ______
REFUND $ ______

Name Availability
Document Examiner

69

CR2E031 (R8-85)

D. W. McKinnon, Director
Division of Corporations
904/487-6000

FLORIDA DEPARTMENT OF STATE

George Firestone
Secretary of State

Mrs. Mary Kacur, Chief
Bureau of Corporate Records
904/487-6900

November 25, 1986

SOUTH SEMINOLE CHRISTIAN SHARING CENTER
107 EAST CHURCH AVENUE
LONGWOOD, FL 32750

SUBJECT: ~~YOUTH~~ SOUTH SEMINOLE CHRISTIAN SHARING CENTER, INC.
Reference: W39241

Dear MR. SWAIN:

We have received your document for the above corporation and your check(s) totaling $30.00. However, the document has not been filed and is being returned for the following:

The fees are: $30 for the filing fee, $3 for the registered agent fee, and $5 for each certified copy requested.

A balance of $3 is due for the registered agent fee.

A balance of $5 is due for the certified copy requested.

The registered agent must sign accepting the designation.

Please let us have a response to this letter within the next sixty days. If you have questions concerning the filing of your document, please call (904) 487-6051.

Sincerely,

Alicia Rudd

Alicia Rudd
Document Examiner
Non-Profit Section

AR:jk

Please find enclosed a check for $8.00 to cover the above amount due.

Sandra B. Swain
Secretary
South Seminole Christian Sharing Center

ARTICLES OF INCORPORATION
OF
SOUTH SEMINOLE CHRISTIAN SHARING CENTER, INC.
A corporation not for profit

We, the undersigned, with other persons being desirous of forming a corporation for charitable and philanthropic purposes, under the provisions of Chapter 617 of the Florida Statutes, do agree to the following:

ARTICLE I. NAME

The name of this corporation is South Seminole Christian Sharing Center, Inc.

ARTICLE II. PURPOSES

The general nature of the objects and purposes of this corporation shall be to provide nurturing and social services of individuals and families in need, to assist those in need in developing their own inner resources, to provide material assistance where required such as food, rent and utility payments, furniture, clothing, lodging and other such needs, and to assist and cooperate with other agencies serving similar needs in the area, to provide a unique Christian witness to the problems of those requiring assistance, and to do and perform all other acts permitted of corporations not for profit under the laws of the State of Florida.

ARTICLE III QUALIFICATIONS OF MEMBERS

The membership of this corporation shall constitute all persons hereinafter named as subscribers and such other persons as, from time to time hereafter, may become members, in the manner provided in the by-laws.

ARTICLE IV. TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V. SUBSCRIBERS

The names and residences of the subscribers to these article are:

Name	Address
The Rev. Gary Marshall	151 W. Church Avenue Longwood, Fl. 32750
Nancy Dunne	102 Hickory Drive Longwood, Fl. 32779
Norman Ware	176 Golf Club Drive Longwood, Fl. 32779
Lewis Swaim	1501 W. State 1Rd. 434 Longwood, Fl. 32750
Peg Ley	502 Orange Drive, Apt. 13 Altamonte Springs, Fl. 32701

ARTICLE VI. OFFICERS

Section 1. The officers of the corporation shall be a President, such number of Vice Presidents, a Secretary, a Treasurer and such other officers as may be provided in the by-laws.

Section 2. The names of the persons who are to serve as officers of the corporation until the first meeting of the Board of Directors are:

Office	Name
President	The Rev. Gary Marshall
First Vice President	Norman Ware
Second Vice President	Nancy Dunne
Treasurer	Lewis Swaim
Secretary	Peg Ley

Section 3. The officers shall be elected at the annual meeting of the Board of Directors or as provided in the by-laws.

ARTICLE VII. BOARD OF DIRECTORS

Section. 1. The business affairs of this corporation shall be managed by the Board of Directors. This corporation shall have five directors initially. The number of Directors may be increased from time to time, by the by-laws, but shall never be less than three.

Section 2. The Board of Directors shall be members of the corporation.

Section 3. Members of the Board of Directors shall be elected and hold office in accordance with the by-laws.

Section 4. The names and addresses of the persons who are to serve as directors for the ensuing year, or until the first annual meet of the corporation, are:

Name	Address
The Rev. Gary Marshall	151 W. Church Avenue Longwood, Florida 32750
Nancy Dunne	102 Hickory Drive Longwood, Florida 32779
Norman Ware	176 Golf Club Drive Longwood, Florida 32779
Lewis Swaim	1501 St. Rd. 434 Longwood, Florida 32750
Peg Ley	502 Orange Drive, Apt. 13 Altamonte Spgs., FL. 32701

ARTICLE VIII. BY-LAWS

Section 1. The Board of Directors of this corporation may provide for such by-laws for the conduct of its business and the carrying out of its purposes as they may deem necessary from time to time.

Section 2. Upon proper notice the by-laws may be amended, altered, or rescinded by a majority vote of those members of the Board of Directors present at any regular meeting or any special meeting called for that purpose.

ARTICLE IX. AMENDMENTS

Section 1. These Articles of Incorporation may be amended at a special meeting of the membership called for that purpose, by a vote of sixty six percent of those present.

Section 2. Amendments may also be made at a regular meeting of the membership upon notice given, as provided by the by-laws, of intention to submit such amendments.

ARTICLE X. LOCATION

The location of this corporation shall be at 107 E. Church Avenue, Longwood, Florida 32750, or such other locations as the Board of Directors may from time to time select. The Registered Agent of the Corporation is The Rev. Gary Marshall at that address.

ARTICLE XI. NONPROFIT STATUS

No part of the net earnings of the corporation shall inure to the benefit of any individual or member. Notwithstanding any other provisions of these Articles, the purposes for which the corporation is organized are exclusively religious, charitable,

scientific, literary and education within the meaning of section 501(c)(3) of the Internal Revenue Code of 1954 or the corresponding provision of any future United States Internal Revenue law. Notwithstanding any other provision of these Articles, this organization shall not carry on any other activities not permitted to be carried on by and organization exempt from Federal Income Tax under Section 501(c)(3) of the Internal Revenue Code of 1954 or the corresponding provision of any future United States Internal Revenue Law.

ARTICLE XII. DISSOLUTION

No person, firm or corporation shall ever receive any dividends or profits from the undertaking of this corporation, and upon dissolution of this organization, all of its assets remaining after payment of all costs and expenses of such dissolution shall be distributed to organizations which have qualified for exemption under Section 501(c)(3) of the Internal Revenue Code or the corresponding provision of any future United States Internal Revenue Law, or to the Federal Government, or to a state or local government for public purposes and none of the assets will be distributed to any member, officer, director, or trustee.

IN WITNESS WHEREOF, we, the undersigned subscribing incorporators, have hereunto set our hands and seals this 11 day of November, 1986, for the purpose of forming this corporation not for profit under the laws of the State of Florida.

The Rev. Gary Marshall -
REGISTERED AGENT

Nancy Dunne

Norman Ware

Lewis Swaim

Peg Ley

State of Florida)
County of Orange)

Before me, a Notary Public duly authorized in the state and county named above to take acknowledgements, personally appeared The Rev. Gary Marshall, Nancy Dunne, Norman Ware, Lewis Swaim and Peg Ley, to me known to be the persons described as subscribers in and who executed the foregoing Articles of Incorporation, and they acknowledged before me that they executed and subscribed to these Articles of Incorporation.

Witness my hand and official seal in the county and state named above this 11 day of November, 1986.

Carol Scuttle
Notary Public

My commission expires:

NOTARY PUBLIC STATE OF FLORIDA
MY COMMISSION EXP. DEC 13,1988
BONDED THRU GENERAL INS. UND.

FILE NOW! ANNUAL REPORT DELINQUENT AFTER JULY 1, 1987

CORPORATION

ANNUAL REPORT
1987

FLORIDA DEPARTMENT OF STATE
George Firestone
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

Read Notice and Instructions on Other Side Before Making Entries
Filing Fee of $25 Required – Make Checks Payable To: Secretary of State

Name and Address of Corporation Principal Office

SOUTH SEMINOLE CHRISTIAN SHARING CENTER, INC.
107 E. CHURCH AVENUE
LONGWOOD, FL 32750

If above address is incorrect in any way, enter the correct address in Item 2. Include Zip Code

2. Enter Change of Address of Corporation Principal Office. P.O. Box Number Alone is NOT Sufficient

Street Address 21

P.O. Box No. 22

City and State 23

Zip Code 24

1. State Incorporated or Qualified to Do Business in Florida: 12/08/1986

4. Federal Employer Identification Number (FEIN): 59-2744535

5. Date of Last Report

6. Names and Street Addresses of Each Officer And Director as of December 31, 1986

Names of Officers and Directors 1	Title 2	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers) 3	City and State 4
~~MARSHALL, GARY, REV.~~	~~P/D~~	~~151 W. CHURCH AVENUE~~	~~LONGWOOD, FL~~
~~WARE, NORMAN~~	~~V/D~~	~~176 GOLF CLUB DRIVE~~	~~LONGWOOD, FL~~
Ware, Norman	P/D	176 Golf Club Drive	Longwood, Fl.
DUKE, NANCY	V/D	102 HICKORY DRIVE	LONGWOOD, FL
SWAIN, LEWIS	T/D	1501 ST., RD. 434	LONGWOOD, FL
[illegible] LEWIS	T/D	1501 W. ST. RD 434	LONGWOOD, FL
LEVI, PEGGY	S/D	502 ORANGE DRIVE APT. 13	LONGWOOD, FL

REGISTERED AGENT INFORMATION

Name and Address of Current Registered Agent

REV. GARY MARSHALL
107 E. CHURCH AVENUE
LONGWOOD, FL 32750

8. Name and Address of New Registered Agent

Name 81: Norman Ware

Street Address 1 (Do NOT Use P.O. Box Number) 82: 176 Golf Club Drive

Street Address 2 (Do NOT Use P.O. Box Number) 83:

City and State 84: Longwood FL.

Zip Code 85: 32779

Pursuant to the provisions of Section 607.034 and 607.037, Florida Statutes, the above-named corporation, incorporated under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. February 10, 1987

The change was authorized by resolution duly adopted by its board of directors on

I hereby accept the appointment of registered agent. I am familiar with and accept the obligations of Section 607.325 F.S.

SIGNATURE: [signature] DATE: 3/10/87
(Registered Agent Accepting Appointment)

$5.00 additional fee required for Registered Agent changes.

See signature restrictions under instructions on reverse side of this form.

Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607, F.S. Further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As If Made Under Oath. Officer's name must be listed in Block A1.

Signature: [signature] Date: March 10, 1987 ~~FEBRUARY 10, 1987~~

Name of Signing Officer: ~~[illegible]~~ LEWIS B. SWAIN Title: ~~PRESIDENT~~ TREASURER

Telephone Number: ~~407-339-6812~~ 305 332-8380

$5 Additional Fee required for a Certificate of Status

CR2E CR4 11-86

FILE NOW! ANNUAL REPORT DELINQUENT AFTER JULY 1ST.

CORPORATION

ANNUAL REPORT

1988

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE in THIS SPACE

11

Filing Fee of $25 Required — Make Checks Payable To: *Secretary of State*

1. Name and Address of Corporation Principal Office

N18116
SOUTH SEMINOLE CHRISTIAN SHARING CENTER, INC.
107 E. CHURCH AVENUE
LONGWOOD, FL 32750

If above address is incorrect in any way, enter the correct address in item 2, include Zip Code

2. Enter Change of Address of Corporation Principal Office. P.O. Box Number Alone is NOT Sufficient
1680 N. St. Rd. 427
Street Address 21

P.O. Box No. 22

City and State 23
Longwood, Florida

Zip Code 24
32750

3. Date Incorporated or Qualified To Do Business in Florida: 12/08/1986

4. Federal Employer Identification Number (FEIN): 59-2744535

5. Date of Last Report: 03/19/1987

6. Names and Street Addresses of Each Officer and Director, as of December 31, 1987

	Names of Officers and Directors	Title	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State
1	WARE, NORMAN	P/D	176 GOLF CLUB DRIVE	LONGWOOD, FL
2	DUNNE, NANCY	V/D	102 HICKORY DRIVE	LONGWOOD, FL
3	SWAIM, LEWIS	T/D	1501 W. ST.RD.434	LONGWOOD,,FL
4	LEY, PEGGY	S/D	502 ORANGE DRIVE APT.13	LONGWOOD, FL Altamonte Springs, FL

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

WARE, NORMAN
176 GOLF CLUB DR.
LONGWOOD, FL 32779

8. Name and Address of New Registered Agent

Name 81

Street Address 1 (Do NOT Use P.O. Box Number) 82

Street Address 2 (Do NOT Use P.O. Box Number) 83

City and State 84

Zip Code 85
FL

9. Pursuant to the provisions of Sect... s 607.034 and 607.037, Florida Statutes, the above-named corporation, incorporated under the laws of the State of Florida, 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 resolution duly adopted by its board of directors on

I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of, Section 607.325 F.S.

SIGNATURE (Registered Agent Accepting Appointment) DATE

10. If a foreign corporation, date first transacted business in Florida

11. See signature restrictions under instructions on reverse side of this form.
I Certify That I Am An Officer or Director of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S.
I Further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effect As If Made Under Oath
(Officer or Director signing must be listed in Block 8.)

Signature: Lewis B. Swaim Date: 3/4/88

Typed Name of Signing Officer or Director: Lewis B. Swaim Title: Treasurer Telephone Number: 305-331-8380

12. Should you desire a certificate of status, check the box

CERTIFICATE OF STATUS DESIRED

$5 Additional Fee

FILE NOW! ANNUAL REPORT DELINQUENT AFTER JULY 1ST

APPROVED AND FILED

DO NOT WRITE IN THIS SPACE

1989 FEB 21 PM 1:22

[illegible] STATE
[illegible] DIVISION
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1989

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

◄ Read Notice and Instructions on Other Side Before Making Entries ►

Filing Fee of $35 Required — Make Checks Payable To: *Secretary of State*

1. Name and Address of Corporation Principal Office

ZIP + 4

N18116 6
SOUTH SEMINOLE CHRISTIAN SHARING CENTER, INC.
1680 N. ST. RD. 427
LONGWOOD, FL 32750-3427

If above address is incorrect in any way, enter the correct address in item 2. Include Zip Code.

2. Enter Change of Address of Corporation Principal Office. P.O. Box Number Alone is NOT Sufficient.

Street Address 21

P.O Box No. 22

City and State 23

Zip Code 24

3. Date Incorporated or Qualified To Do Business in Florida: 12/08/1986

4. Federal Employer Identification Number (FEIN): 59-2744535

5. Date of Last Report: 03/11/1988

6. Names and Street Addresses of Each Officer and Director, as of December 31, 1988

Title	Names of Officers and Directors	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State
P/D	~~MARLY NORMAN~~ SWAIM, LEWIS	~~170 GOLF CLUB DRIVE~~ 1501 W. State Rd 434	LONGWOOD, FL
V/D	~~DUNN, NANCY~~ DUNN, NANCY	~~102 HICKORY DRIVE~~ 102 Hickory Dr.	LONGWOOD, FL
T/D	~~SWAIM, LEWIS~~ SCHAFER, MURIEL JEANNE	~~[illegible]~~ 1400 SE Williamson Rd	~~LONGWOOD, FL~~ Longwood, Florida
S/D	~~LETA PERRY~~ SCOGIN, DOTTIE	~~[illegible] ORANGE DRIVE APT [illegible]~~ 716 E. Alpine Street	~~ALTAMONTE SPRINGS, FL~~ Altamonte Springs FL

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

~~MARLY NORMAN~~
~~170 GOLF CLUB DR.~~
LONGWOOD, FL ~~32779~~

8. Name and Address of New Registered Agent

Name 81

Street Address 1 (Do NOT Use P.O. Box Number) 82

Street Address 2 (Do NOT Use P.O. Box Number) 83

City and State 84: FL.

Zip Code 85

9. Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the above-named corporation, incorporated under the laws of the State of Florida, 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 resolution duly adopted by its board of directors on ______

I hereby accept the appointment of registered agent and am familiar with, and accept the obligations of, Section 607.325 F.S.

SIGNATURE ______ (Registered Agent Accepting Appointment) DATE ______

10. [illegible] corporation [illegible] business in Florida ______

See signature requirements under instructions on reverse side of this form.

I Certify That I Am An Officer or Director of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S. I Further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As If Made Under Oath. Officer or Director signing must be listed in Block 6.

Signature: *Muriel J. Schafer* — Date: 2/13/89

Typed Name of Signing Officer or Director: Muriel J. Schafer — Title: Treasurer — Telephone Number: 407-834-3777

$5 Additional Fee Required [illegible]

CERTIFICATE OF STATUS DESIRED ☐

FILE NOW! THIS ANNUAL REPORT WILL BE DELINQUENT AFTER JULY 1ST

P90000788

CORPORATION

ANNUAL REPORT

1990

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

90 FEB 14 PM 3:26

Read Notes and Instructions on Other Side Before Making Entries

Filing Fee of $35 Required — Make Checks Payable To: Secretary of State

1. Name and Address of Corporation Principal Office

N18116 6

ZIP + 4 PRESORT
SOUTH SEMINOLE CHRISTIAN SHARING CENTER, INC.
1680 N. ST. RD. 427
LONGWOOD, FL 32750-3427

If above address is incorrect in any way, enter the correct address in Item 2. Include Zip Code

2. If Address in Block 1 is incorrect in any way, enter the correct address below. P.O. Box number alone is NOT sufficient. The NAME of the corporation can be changed only by filing an amendment.

Street Address 21

P.O. Box No. 22

City and State 23

Zip Code 24

3. Date Incorporated or Qualified To Do Business in Florida: 12/08/1986

4. FEI Number: 59-2744535

5. FEI Number Applied For / FEI Number Not Applicable

6. Names and Street Addresses of Each Officer and Director (Do not use any correction tape or fluid to cover over incorrect information.)

Title	Names of Officers and Directors	Street Address of Each Officer and Director (DO NOT Use Post Office Box Numbers)	City and State
P/D	SHAIM, LEWIS	1501 W STATE RD 434	LONGWOOD, FL
V/D	DUNN, NANCY	102 HICKORY DR.	LONGWOOD, FL
T/D	SCHAFER, MURIEL JEANNE	1400 EE WILLIAMSON RD.	LONGWOOD,,FL
S/D	SCOGIN, DOTTIE	716 E ALPINE STREET	ALTAMONTE SPRINGS, FL.

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

WARE, NORMAN
176 GOLF CLUB DR.
LONGWOOD, FL 32779

8. Name and Address of New Registered Agent

Name 81

Street Address 1 (Do NOT Use P.O. Box Number) 82

Street Address 2 (Do NOT Use P.O. Box Number) 83

City and State 84 — FL — Zip Code 85

9. Pursuant to the provisions of Sections 607.0505 and 607.0507, Florida Statutes, the above-named corporation, incorporated under the laws of the State of Florida, 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 resolution duly adopted by its board of directors on _____

I hereby accept the appointment of registered agent. I am familiar with and accept the obligations of Section 607.325 F.S.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment)

10. I hereby certify that the information contained 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 607, F.S.

Signature Muriel J. Schafer Date 2/9/90

Muriel J. Schafer — Treasurer — 407-834-3777

(Typed Name of Person Signing) (Title) (Telephone Number)

$5 Additional Fee required by the Department of State

FILE NOW! CORPORATE STATUS WILL BE DELINQUENT AFTER JULY 1ST.

CORPORATION

ANNUAL REPORT

1991

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
FLORIDA DEPARTMENT OF STATE
CORPORATIONS DIV.
TALLAHASSEE, FL.
FILED

Read Instructions on Other Side Before Making Entries

FILING FEE OF $61.25 REQUIRED

DO NOT WRITE IN THIS SPACE.

1. Name and Mailing Address of Corporation DOCUMENT # N18116 (6)

ZIP + 4 PRESORT

PASCO/08

SOUTH SEMINOLE CHRISTIAN SHARING CENTER, INC.
1680 N. ST. RD. 427
LONGWOOD, FL 32750-3427

Above address is incorrect in any way, enter the correct address in item 2. Include Zip Code.

2. If Address in Block 1 is incorrect in any way, enter the correct address below. P.O. Box is acceptable. The NAME of the corporation can be changed only by filing an amendment.

21	Street Address: 1680 N CR 427
22	P.O. Box No.
23	City and State
24	Zip Code

3. Date Incorporated or Qualified To Do Business in Florida: 12/08/1988

4. FEI Number: 59-2744535

FEI Number Applied For

FEI Number Not Applicable

5. $8.75 Additional Fee required for a Certificate of Status

CERTIFICATE OF STATUS DESIRED

6. Names and Street Addresses of Each Officer and Director (Do not use any correction tape or fluid to cover over incorrect information.)

1 Title	2 Names of Officers and Directors	3 Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	4 City and State
~~P/D~~	~~SWAIM, LEWIS~~	~~1501 W STATE RD 434~~	~~LONGWOOD, FL~~
P/D	Warren, Sue	439 Lake Road	Lake Mary, FL
~~V/D~~	~~DUNN, NANCY~~	~~102 HICKORY DR.~~	~~LONGWOOD, FL~~
V/D	Walker, Ed	456 Newton Place	Longwood, FL
T/D	SCHAFER, MURIEL JEANNE	1400 EE WILLIAMSON RD.	LONGWOOD,,FL
~~S/D~~	~~SCOGIN, DOTTIE~~	~~716 E ALPINE STREET~~	~~ALTAMONTE SPRINGS, FL.~~
S/D	Poole, Rose	3610 Edleshearan Rd	Lake Mary, FL

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

WARE, NORMAN
176 GOLF CLUB DR.
LONGWOOD, FL 32779

8. Name and Address of New Registered Agent

81	Name: Sue Warren
82	Street Address 1 (Do NOT Use P.O. Box Number): 439 Lake Road
83	Street Address 2 (Do NOT Use P.O. Box Number):
84	City: Lake Mary FL.
85	Zip Code: 32746

9. Pursuant to the provisions of Sections 607.0502 and 607.1509, Florida Statutes, the above named corporation submits this statement for the purpose of changing its 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 Sue C. Warren DATE 2/10/91
(Registered Agent Accepting Appointment)

10. To the best of my knowledge and belief, I 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; I further certify that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607.

SIGNATURE Sue C. Warren DATE

Name and Signature of Officer or Director: Sue Warren

Title: President

Telephone Number Daytime: (407) 330-2847

FILING FEE OF $61.25 REQUIRED—Make Checks Payable To: Secretary of State $8.75 Additional Fee required for a Certificate of Status

FILE NOW! CORPORATE STATUS WILL BE DELINQUENT AFTER JULY 1ST.

CORPORATION

ANNUAL REPORT

1992

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

HA812?2

APPROVED
SEC. OF STATE
CORPORATIONS DIV.
TALLAHASSEE, FLA.
FILED

FILING FEE $61.25 Make Payable To: *Secretary of State*

DO NOT WRITE IN THIS SPACE

1. Name and Mailing Address of Corporation. DOCUMENT #N18116 (6)

PROCESSOR

SOUTH SEMINOLE CHRISTIAN SHARING CENTER, INC.
1680 N. CR. 427
LONGWOOD FL 32750-3427

If above address is incorrect in any way, line through the incorrect information and enter correct address in Block 2.

2. If Address in Block 1 is incorrect in any way, line through the incorrect information and enter the correct address below. P.O. Box is acceptable. The NAME of the corporation can be changed only by filing an amendment.

21 Mailing Address

22 P.O. Box No.

23 City and State | 24 Zip Code

3. Date Incorporated or Qualified To Do Business in Florida: **12/08/1986**

3a. Date of Last Report: **02/18/1991**

4. FEI Number: **59-2744535**

FEI Number Applied For ☐
FEI Number Not Applicable ☐

5. $8.75 Amount Enclosed
Make Check Payable to: Secretary of State

CERTIFICATE OF STATUS DESIRED ☐

6. Names and Street Addresses of Each Officer and Director (Do not use any correction tape or fluid to cover over incorrect information.)

	Title 1	Names of Officers and Directors 2	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers) 3	City and State 4
1	P/D	WARREN, SUE	439 LAKE ROAD	LAKE MARY, FL
1x				
2	~~V/D~~	~~WALKER, ED~~	~~456 NEWTON PLACE~~	~~LONGWOOD, FL~~
2x	V/D	Schnell, James	645 Sweetbriar Branch	Longwood, FL
3	~~T/D~~	~~SCHAFER, MURIEL JEANNE~~	~~1400 EE WILLIAMSON RD.~~	~~LONGWOOD, FL~~
3x	T/D	Gross, Stanley	235 W Sabal Palm	Longwood, FL
4	S/D	POOLE, ROSE	3610 EDLESHEARAN RD.	LAKE MARY, FL
4x				
5				
5x				
6				

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

WARREN, SUE
439 LAKE ROAD
LAKE MARY, FL 32746

8. Name and Address of New Registered Agent

81 Name

82 Street Address 1 (Do NOT Use P.O. Box Number)

83 Street Address 2 (Do NOT Use P.O. Box Number)

84 City FL. | 85 Zip Code

9. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 (if required) and the appointment as registered agent I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

Signature: Sue C. Warren
(Registered Agent Accepting Appointment) DATE: Feb 13, 1992

10. This corporation has liability for intangible tax under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

11. To the best of my knowledge, all information contained 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; I further certify that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607 or Chapter 617, Florida Statutes; and that my name appears in Block 6 or an attachment with an address.

SIGNATURE Sue C. Warren DATE

Sue Warren | President of the Board | (407) 330-2847

12. If you would like to contribute to the Election Campaign Financing Trust Fund, check the box and include an additional $5.00 to the filing fee. ☐

CR2E043 (11-91)

File Now. Filing Fee after May 1 is $225.00

CORPORATION ANNUAL REPORT
1993

DOCUMENT # N18116 (6)

1. Name and Mailing Address of Corporation
SOUTH SEMINOLE CHRISTIAN SHARING CENTER, INC.
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: 03/12/1992

If above mailing address is incorrect or any way incomplete, make corrections and/or corrections in Block 2

FILING FEE $200.00
ANNUAL REPORT $61.25 + $138.75 CORPORATION SUPPLEMENTAL FEE
MAKE CHECK PAYABLE TO DEPARTMENT OF STATE

4. FEI Number: 592744535

2. Mailing Address
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Principle Place of Business
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Qualified Corporation Filing Your Filing Correction ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ $138.75 Supplemental Fee Not Required
8. This corporation has elected the alternative fee under S. Certain Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

WARREN, SUE
439 LAKE ROAD
LAKE MARY FL 32746

10. Name and Address of New Registered Agent

81 Name: Lois Burns
82 Street Address (P.O. Box Numbers Not Acceptable): 2113 Palm View Drive
83
84 City: Apopka FL 85 Zip Code: 32712 86 County: Orange

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits the 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: Lois Burns (Registered Agent Accepting Appointment) DATE: 4/5/93

12. OFFICERS AND DIRECTORS	13. OFFICERS AND DIRECTORS CHANGES
P/D WARREN, SUE 439 LAKE ROAD LAKE MARY FL	P/D Lois Burns 2113 Palm View Drive Apopka, FL 32712
V/D SCHNELL, JAMES 645 SWEETBRIAR BRANCH LONGWOOD FL	V/D James Schnell 645 Sweetbriar Branch Longwood, FL 32750
T/D GROSS, STANLEY 235 W SABAL PALM LONGWOOD, ,FL	T/D Stanley C. Gross 235 W Sabal Palm Pl Longwood, FL 32779
S/D POOLE, ROSE 3610 EDLESHEARAN RD. LAKE MARY FL	S/D Karen Britt 1649 Windy Bluff Point Longwood, FL 32750

14. I hereby 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 with any changes indicated.

SIGNATURE: Lois Burns DATE: 4/5/93

(Typed or Printed Name of Signing Officer or Director) (Title) (Daytime Telephone Number)

INTERNAL REVENUE SERVICE
DISTRICT DIRECTOR
C - 1130
ATLANTA, GA 30301

DEPARTMENT OF THE TREASURY

Date: JUL 3 1 1991

Employer Identification Number:
59-2744535
Contact Person:
VICKY BAKER
Contact Telephone Number:
(404) 331-0930

SOUTH SEMINOLE CHRISTIAN SHARING CENTER INC
1680 N HWY 427
LONGWOOD, FL 32750

Our Letter Dated:
April 6, 1987
Addendum Applies:
Yes

Dear Applicant:

This modifies our letter of the above date in which we stated that you would be treated as an organization which is not a private foundation until the expiration of your advance ruling period.

Your exempt status under section 501(a) of the Internal Revenue Code as an organization described in section 501(c)(3) is still in effect. Based on the information you submitted, we have determined that you are not a private foundation within the meaning of section 509(a) of the code because you are an organization of the type described in section 509(a)(1) and 170(b)(1)(A)(vi).

Grantors and contributors may rely on this determination unless the Internal Revenue Service publishes notice to the contrary. However, if you lose your section 509(a)(1) status, a grantor or contributor may not rely on this determination if he or she was in part responsible for, or was aware of, the act or failure to act, or the substantial or material change on the part of the organization that resulted in your loss of such status, or if he or she acquired knowledge that the Internal Revenue Service had given notice that you would no longer be classified as a section 509(a)(1) organization.

As of January 1, 1984, you are liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of $100 or more you pay to each of your employees during a calendar year. You are not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

You are required to file Form 990 only if your gross receipts each year are normally more than $25,000. For guidance in determining whether your gross receipts are "normally" more than $25,000, see the instructions for Form 990. If a return is required, it must be filed by the 15th day of the fifth month after the end of your annual accounting period. A penalty of $10 a day is charged when a return is filed late, unless there is reasonable cause for the delay. However, the maximum penalty charged cannot exceed $5,000 or 5 percent of your gross receipts for the year, whichever is less. This penalty may also be charged if a return is not complete, so please be sure your return is complete before you file it.

If we have indicated in the heading of this letter that an addendum

SOUTH SEMINOLE CHRISTIAN SHARING

applies, the addendum enclosed is an integral part of this letter.

Because this letter could help resolve any questions about your private foundation status, please keep it in your permanent records.

If you have any questions, please contact the person whose name and telephone number are shown above.

Sincerely yours,

Paul Williams
District Director

Enclosure:
Addendum

Letter 1050(DO/CG)

SOUTH SEMINOLE CHRISTIAN SHARING

If your organization conducts fund-raising events such as benefit dinners, auctions, membership drives, etc., where something of value is received in return for contributions, you can help your donors avoid difficulties with their income tax returns by assisting them in determining the proper tax treatment of their contributions. To do this you should, in advance of the event, determine the fair market value of the benefit received and state it in your fund-raising materials such as solicitations, tickets, and receipts in such a way that your donors can determine how much is deductible and how much is not. To assist you in this, the Service has issued Publication 1391, Deductibility of Payments Made to Charities Conducting Fund-Raising Events. You may obtain copies of Publication 1391 from your local IRS Office. Guidelines for deductible amounts are also set forth in Revenue Ruling 67-246, 1967-2 C.B. 104 and Revenue Procedure 90-12, 1990-1 C.B. 471.

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

1994

APPROVED AND FILED

94 JAN 21 AM 9:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N18116 (6)

1. SOUTH SEMINOLE CHRISTIAN SHARING CENTER INC.

1680 N. CR. 427
LONGWOOD FL 32750

1680 N. CR. 427
LONGWOOD FL 32750

3. 12/08/1986

3a. 04/15/1993

4. 59-2744535

5. $35.75

7. $5.00

9. Name and Address of Current Registered Agent

BURNS LOIS
2113 PALM VIEW DRIVE
APOPKA FL 32712

10. Name and Address of New Registered Agent

Burns, Lois (NEW ADDRESS ONLY)
200 Magnolia Oak Court
Longwood FL 32779

11.

12.

P/D
BURNS LOIS
2113 PALM VIEW DRIVE
APOPKA FL
V/D
SCHNELL, JAMES
645 SWEETBRIAR BRANCH
LONGWOOD FL
T/D
GROSS, STANLEY
235 W SABAL PALM
LONGWOOD, FL
S/D
BRITT KAREN
1649 WINDY BLUFF POINT
LONGWOOD FL

13.

PD ADDRESS CHANGE
Burns, Lois
200 Magnolia Oak Court
Longwood, FL 32779

14.

SIGNATURE: Stanley C. Gross, Treasurer 1-18-94 407 788 3521

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
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

81 Name: Rev Don Renner
82 Street Address (P.O. Box Number is Not Acceptable): 224 Ranier Cove
83
84 City: Casselberry FL 85 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: (Signature of registered agent and title if applicable) (Only Registered Agent signature required when name only) DATE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS, Pt. 12		
11 TITLE	PD	11 TITLE	PD	☑ Change ☐ Addition
12 NAME	BURNS, LOIS	12 NAME	Rev Don Renner	
13 STREET ADDRESS	200 MAGNOLIA OAK COURT	13 STREET ADDRESS	224 Ranier Cove	
14 CITY-ST-ZIP	LONGWOOD FL	14 CITY-ST-ZIP	Casselberry, FL 32707	
21 TITLE	VD	21 TITLE	V/D	☑ Change ☐ Addition
22 NAME	SCHNELL, JAMES	22 NAME	Rev. Paul Hoyer	
23 STREET ADDRESS	645 SWEETBRIAR BRANCH	23 STREET ADDRESS	760 Sun Drive	
24 CITY-ST-ZIP	LONGWOOD FL	24 CITY-ST-ZIP	Lake Mary, FL 32746	
31 TITLE	TD	31 TITLE	T/D	☐ Change ☐ Addition
32 NAME	GROSS, STANLEY	32 NAME	Stanley C. Gross	
33 STREET ADDRESS	235 W SABAL PALM	33 STREET ADDRESS	235 W Sabal Palm Place	
34 CITY-ST-ZIP	LONGWOOD, FL	34 CITY-ST-ZIP	Longwood, FL 32779	
41 TITLE	SD	41 TITLE	S/D	☑ Change ☐ Addition
42 NAME	BRITT, KAREN	42 NAME	Edith Ellrodt	
43 STREET ADDRESS	1849 WINDY BLUFF POINT	43 STREET ADDRESS	378 Hacienda Village	
44 CITY-ST-ZIP	LONGWOOD FL	44 CITY-ST-ZIP	Winter Springs, FL 32708	
51 TITLE		51 TITLE		☐ Change ☐ Addition
52 NAME		52 NAME		
53 STREET ADDRESS		53 STREET ADDRESS		
54 CITY-ST-ZIP		54 CITY-ST-ZIP		
61 TITLE		61 TITLE		☐ Change ☐ Addition
62 NAME		62 NAME		
63 STREET ADDRESS		63 STREET ADDRESS		
64 CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing is accurate. 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 SIGNING OFFICER OR DIRECTOR — Area Code & Daytime Phone Number

South Seminole
Christian
Sharing Center, Inc.

September 16, 1996

N18116

AR

Florida Dept of State
Division of Corporations
P O Box 13900
Tallahassee, FL 32317

N/C
$87 10/24

PLEASE NOTE - CHANGE OF ADDRESS

SOUTH SEMINOLE CHRISTIAN SHARING CENTER

Now at - 1680 North County Road 427 - Longwood, FL 32750

Moving to - 600 North Highway 17/92, Suite 158, Longwood, FL 32750

EFFECTIVE September 27, 1996

In addition to billings to the South Seminole Christian Sharing Center (SSCSC), this change will also affect billings for

VALUES REBORN THRIFT STORE
600 North Highway 17/92
Suites 130-32-34-44
Longwood, FL 32750

which are presently directed to SSCSC for payment. Do not change service addresses (such as suite numbers for Values Reborn)

_____ No. _____

_____ No. _____

N18116

"WE CARE, WE SHARE"

South Seminole Christian Sharing Center, Inc.

600 North Highway 17-92 Suite 166 Fairmont Plaza
Longwood, FL 32750
Phone (407)260-9155 FAX (407)260-5890

March 14, 1997

Florida Department of State
Amendment Section
Division of Corporations
P O Box 6327
Tallahasse, FL 32314

700002117857--2
-03/19/97--01060--002
*****87.50 *****87.50

Dear Sir/Madam:

We enclose our application for Amendment to the Articles of Incorporation for this organization.

Also enclosed:

Certification of our Articles of Incorporation; document No. N18116.

Page one of our Articles which contains the Article I to be amended.

Our check for $87.50 ($35.00 filing fee; $52.50 for certified copy of amendment).

Please advise the writer if any further data or docment is needed.

Very truly yours,

South Seminole Christian Sharing C enter

S. C. Gross
Treasurer

Home Telephone - 407 788 3521

encl's

FILED
97 APR -1 AM 9:45
SECRETARY OF STATE
DIVISION OF CORPORATIONS

TAL APR 1 1997

"WE CARE, WE SHARE"

South Seminole Christian
Sharing Center, Inc.
600 No. Hwy 17/92
1400 County Road 427 North, Longwood, FL 32750-3427
Phone (407)260-8155 Fax (407)260-5580

March 27, 1997

Ms Thelma Lewis
Florida Dept. of State
Division of Corporations
P O Box 6327
Tallahassee, FL 32314

Dear Ms Lewis:

We enclose the original of our application for amendment to our Articles of Incorporation. You requested this several days ago in response to our letter of March 14 (copy enclosed).

Through oversignt we originally sent you a copy of this document instead of the original.

Thank you for calling this to our attention. If there is anything else needed to process our application, please advise.

Very truly yours

South Seminole Christian
Sharing Center, Inc.,

S. C. Gross
Treasurer

Home telephone - 407 788 3521

Encl

ARTICLES OF AMENDMENT

to

ARTICLES OF INCORPORATION

of

FILED
97 APR -1 AM 9:45
SECRETARY OF STATE
DIVISION OF CORPORATIONS

The South Seminole Christian Sharing Center, Inc.

Pursuant to the provisions of section 617.1006, Florida Statutes, the undersigned Florida nonprofit corporation adopts the following articles of amendment to its articles of incorporation.

FIRST: Amendment(s) adopted: (INDICATE ARTICLE NUMBER(S) BEING AMENDED, ADDED OR DELETED.)

ARTICLE I. NAME Amended to read:

The name of this corporation is THE CHRISTIAN SHARING CENTER, Inc.

SECOND: The date of adoption of the amendment(s) was: February 13, 1997

THIRD: Adoption of Amendment *(CHECK ONE)*

☐ The amendment(s) was(were) adopted by the members and the number of votes cast for the amendment was sufficient for approval.

☒ There are no members or members entitled to vote on the amendment. The amendment(s) was(were) adopted by the board of directors.

South Seminole Christian Sharing Center, Inc.
Corporation Name

Paul Hayes
Signature of Chairman, Vice Chairman, President or other officer

Paul Hoyer Chairman
Typed or printed name

Chairman 3/13/97
Title Date