2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address 600 NORTH HIGHWAY 17/92

LONGWOOD FL 32750

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

SUITE 158

DOCUMENT # N18116

1. Entity Name

SUITE 158

Principal Place of Business

600 NORTH HIGHWAY 17/92

2. Principal Place of Business

LONGWOOD FL 32750

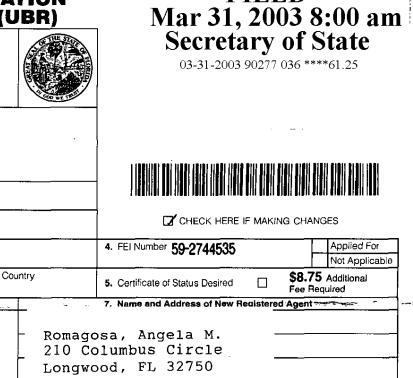
Suite, Apt. #, etc.

City & State

Zip

THE CHRISTIAN SHARING CENTER, INC.

Country



FILED

						1 ee ricquire.	
	6. Name and Address of Current Register	ـــــــــــــــــــــــــــــــــــــ		- 7. Name and Addre	ss of New Registered	Agent	-
SCHOTT, FRED 746 N MAGNOLIA AVE ORLANDO FL 32803			Romagosa, Angela M. 210 Columbus Circle Longwood, FL 32750				
8. The above	named entity submits this statement for the pur	pose of changing its reg	gistered office or	registered agent, or both, in th	e State of Florida. I am		-
	ions of registered agent.						,
ŞIGNATURE .	Anala M Romanosa	Executive I			<u> 3/21</u>	103	
	Signature, typed or printed name of registered agentand title if a	oplicable. (NOTE: Re	egistered Agent signate	ure required when reinstating)	DATE		
9. Election Camp Trust Fund Cor			~ -	\$5.00 May Be Added to Fees	Make Chec Florida Depar		
10.	OFFICERS AND DIRECTOR	S	11.	ADDITIONS/CHANGES	TO OFFICERS AND DI	RECTORS IN	10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHOTT, FREDERIC 746 MAGNOLIA AVE ORLANDO FL 32803	⊠ -Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD FROEHLICH, WILLIAM 522 ASTRIA STREET ALTAMONTE SPRINGS FL 32701	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(President) PD		Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	BROWN, NANCY 1474 HIDDEN RIDGE COVE LONGWOOD FL 32750		NAME STREET ADDRESS CITY-ST-ZIP	The second of the second	To a series of the commence of	_ Change	. Addition -
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WILLIAMS, JIMMY 4969 COURTLAND LOOP WINTER SPRINGS FL 32708-4029	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice- President)	√ D	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary) SD Ovitz, Hazel 401 Conservatory Lake Nary, FL 33	Cove	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
12. I hereby o	certify that the information supplied with this filing	g does not qualify for the	e exemption stat	ted in Section 119.07(3)(i), Florid	da Statutes. I further cei	tify that the in	formation

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:

CSIQUA FLOS RECOVERED

3/21/03 407-339-2653