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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N46770

1. Corporation Name
SHARON BAPTIST CHURCH, INC.

Principal Place of Business	Mailing Address
5584 SHARON ROAD GREEN COVE SPRINGS FL 32043	5584 SHARON ROAD GREEN COVE SPRINGS FL 32043

2. Principal Place of Business (21)
Suite, Apt. #, etc. (22)
City & State (23)
Zip (24) Country (25)

2a. Mailing Address (26)
Suite, Apt. #, etc. (27)
City & State (28)
Zip (29) Country (30)

3. Date Incorporated or Qualifed: 01/10/1992

4. FEI Number: 59-2899627 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

JOLLEY, ISAAC ALVIN
2276 CRAVEN RD
GREEN COVE SPRINGS FL 32043

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE	P JOLLY, ISAAC ALVIN	☒ Change ☐ Addition
NAME	CASTLEBERRY, FRANCIS RAYMON		1.2 NAME	2276 CRAVEN Road	
STREET ADDRESS	4730 BERRY COURT		1.3 STREET ADDRESS		
CITY-ST-ZIP	KEYSTONE HEIGHTS FL		1.4 CITY-ST-ZIP	GREEN COVE SPRINGS, FL	
TITLE	VD	☐ DELETE	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	JOLLY, ISAAC ALVIN		2.2 NAME	Smith, JOHNNY MACK	
STREET ADDRESS	2276 CRAVEN ROAD		2.3 STREET ADDRESS	4216 SAUNDERS RD	
CITY-ST-ZIP	GREEN COVE SPRINGS FL		2.4 CITY-ST-ZIP	GREEN COVE SPRINGS, FL	
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MOODY, PHILLIP		3.2 NAME		
STREET ADDRESS	4478 SPRING BANK RD		3.3 STREET ADDRESS		
CITY-ST-ZIP	GREEN COVE SPRINGS FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE	D	☒ Change ☐ Addition
NAME	SMITH, JOHNNY MACK		4.2 NAME	BUCKHALTER, ROY	
STREET ADDRESS	4216 SAUNDERS RD		4.3 STREET ADDRESS	3989 HWY 16	
CITY-ST-ZIP	GREEN COVE SPGS. FL		4.4 CITY-ST-ZIP	GREEN COVE SPRINGS, FL	
TITLE	T	☐ DELETE	5.1 TITLE	T	☒ Change ☐ Addition
NAME	SMITH, JOYCE E		5.2 NAME	TODD, MICHELLE	
STREET ADDRESS	4212 SAUNDERS RD		5.3 STREET ADDRESS	5541 BATTON BAY RD	
CITY-ST-ZIP	GREEN COVE SPRINGS FL		5.4 CITY-ST-ZIP	GREEN COVE SPRINGS, FL 32043	
TITLE	S	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	MOULTON, EDIE		6.2 NAME		
STREET ADDRESS	5515 BATTON BAY RD		6.3 STREET ADDRESS		
CITY-ST-ZIP	GREEN COVE SPRINGS FL		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. 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 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, with all other like empowered.

SIGNATURE: Isaac Alvin Jolley 1/28/99 (904) 284-6523
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #