

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 764439

**FILED**  
**Mar 07, 2016**  
**Secretary of State**  
**CC2156006176**

**Entity Name:** SHARON CHRISTIAN CHURCH, INC.

**Current Principal Place of Business:**

3443 N. HAVERHILL ROAD  
WEST PALM BEACH, FL 33417

**Current Mailing Address:**

3443 N. HAVERHILL ROAD  
WEST PALM BEACH, FL 33417

**FEI Number:** 59-2394965

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

FORD, ALAN  
8289 112TH TERRACE, N.  
WEST PALM BEACH, FL 33412 US

*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

**Officer/Director Detail :**

Title            TREA  
Name            FORD, RENE  
Address        3443 N. HAVERHILL ROAD  
City-State-Zip: WEST PALM BEACH FL 33417

Title            PAS.  
Name            CARTER, ROBERT F  
Address        3401 CHRISTOPHER STREET  
City-State-Zip: WEST PALM BEACH FL 33417

Title            D  
Name            FORD, ALAN  
Address        8289 112TH TERR. N.  
City-State-Zip: WEST PALM BEACH FL 33412

*I hereby 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 all other like empowered.*

**SIGNATURE:** DR. ROBERT FELTON CARTER

**PASTOR**

**03/07/2016**

Electronic Signature of Signing Officer/Director Detail

Date