

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46770

Entity Name: SHARON BAPTIST CHURCH, INC.**Current Principal Place of Business:**5584 SHARRON RD.
GREEN COVE SPRINGS, FL 32043**Current Mailing Address:**5584 SHARRON RD.
GREEN COVE SPRINGS, FL 32043**FEI Number:** 59-2899627**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**TODD, MICHELLE A
5795 SHARRON RD
GREEN COVE SPRINGS, FL 32043 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	P
Name	TOMLINSON, JAMES
Address	8006 GORDEAN ROAD
City-State-Zip:	JACKSONVILLE FL 32221

Title	T
Name	TODD, MICHELLE A
Address	5795 SHARRON RD.
City-State-Zip:	GREEN COVE SPRINGS FL 32043

Title	D
Name	JOLLEY, ISAAC A
Address	2276 CRAVEN ROAD
City-State-Zip:	GREEN COVE SPRINGS FL 32043

Title	D
Name	SMITH, JOHNNY MACK
Address	4216 SAUNDERS RD
City-State-Zip:	GREEN COVE SPGS. FL 32043

Title	D
Name	TODD, MICHAEL E
Address	5795 SHARRON RD
City-State-Zip:	GREEN COVE SPGS. FL 32043

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: MICHELLE A TODD**TREASURER****07/20/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date