


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Jan 31, 2008 08:00 AM
Secretary of State

DOCUMENT # N06000005295
 1. Entity Name
 SHORES BAPTIST WORSHIP CENTER, INC.



Principal Place of Business 414 SILVER RD OCALA, FL 34472	Mailing Address 414 SILVER RD OCALA, FL 34472
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DO NOT WRITE IN THIS SPACE



01142008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2985716	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 DENTON, SYLVESTER
 513 SAPPHIRE LN
 OCALA, FL 34472

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

000000807407
 02/07/08-80007-011 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DENTON, SYLVESTER 513 SAPPHIRE LN OCALA, FL 34472
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MCARTHUR, WILLIAM 8 HICKORY TRACK RUN OCALA, FL 34472
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WHITE, RUBY 744 BAHIA CIR OCALA, FL 34472
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCDONALD, BERNICE 6314 SW 84 PL RD OCALA, FL 34476
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEIST, ALA 520 SE WENONA AVE OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Sylvester Denton **Sylvester DENTON** 14/01/08 - 352-687-1048
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #