

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 23 PM 3: 32

DOCUMENT # **N94000002115 (3)**

1. Corporation Name
SHORES CHURCH OF CHRIST, INCORPORATED

Principal Place of Business Mailing Address
2905 S.E. 27TH AVENUE **2905 S.E. 27TH AVENUE**
OCALA FL 34471 **OCALA FL 34471**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/26/1994	3a. Date of Last Report
4. FEI Number 59-3234790	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRC 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$60.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 101 Cedar Road	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State Ocala, Florida	City & State
23	28
Zip 34472	Country
24	25 Marion
Country	29
	30

9. Name and Address of Current Registered Agent
HARDING, JAMES P
2905 S.E. 27TH AVE.
OCALA FL 34471

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.0503 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PO	NAME YOUNCE, CLIFTON	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 6885 S.E. 135TH ST.	CITY-ST-ZIP SUMMERFIELD FL 34491	12 NAME	
		13 STREET ADDRESS	
		14 CITY-ST-ZIP	
TITLE VD	NAME THREET, WILLIAM D	21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 10766 S.E. 131ST LANE	CITY-ST-ZIP OCKLAWAHA FL 32179	22 NAME	<i>Resigned as officer -</i>
		23 STREET ADDRESS	<i>Will reappoint replacement at later date</i>
		24 CITY-ST-ZIP	
TITLE SD	NAME THACKER, TONY	31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 11835 S.E. 71ST AVE. RD.	CITY-ST-ZIP BELLEVIEW FL 34420	32 NAME	SD THACKER, TONY
		33 STREET ADDRESS	1118 SE 40 AVENUE
		34 CITY-ST-ZIP	Belleview, Florida 34420
TITLE TD	NAME HARDING, JAMES P	41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2905 S.E. 27TH AVE. P.O. BOX 6880	CITY-ST-ZIP OCALA FL 34478	42 NAME	TD HARDING, James P.
		43 STREET ADDRESS	2905 SE 27th Avenue
		44 CITY-ST-ZIP	Ocala, FL. 34471
TITLE D	NAME FINLEY, TERRY R	51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 14716 S.E. 90TH TERRACE	CITY-ST-ZIP SUMMERFIELD FL 34491	52 NAME	<i>Resigned as director / conflict of interest</i>
		53 STREET ADDRESS	<i>Will reappoint replacement at later date</i>
		54 CITY-ST-ZIP	
TITLE D	NAME ANGUSH, HOWARD	61 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 344 OAK TRACK COURSE	CITY-ST-ZIP OCALA FL 34472	62 NAME	D ANGUSH, HOWARD
		63 STREET ADDRESS	11685 SE 61 AVENUE
		64 CITY-ST-ZIP	Belleview, Florida 34420

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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.

SIGNATURE: *James P. Harding* **JAMES P. HARDING** 1-31-95 904-237-5344
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (DATE) (Telephone Number)