

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N94000002115 (3)

1. Corporation Name

SHORES CHURCH OF CHRIST, INCORPORATED



Principal Place of Business

Mailing Address

101 CEDAR ROAD
OCALA FL 34472
US

2905 S.E. 27TH AVENUE
OCALA FL 34471

3. Date Incorporated or Qualified
04/26/1994

3a. Date of Last Report
02/23/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-3234790

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HARDING, JAMES P
2905 S.E. 27TH AVE.
OCALA FL 34471**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	YOUNCE, CLIFTON	
STREET ADDRESS	6685 S.E. 135TH ST.	
CITY - ST - ZIP	SUMMERFIELD FL 34491	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	THACKER, TONY	
STREET ADDRESS	11118 SE 40TH AVENUE	
CITY - ST - ZIP	BELLEVIEW FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	HARDING, JAMES P	
STREET ADDRESS	2905 SE 27TH AVENUE	
CITY - ST - ZIP	OCALA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ANQUISH, HOWARD	
STREET ADDRESS	11685 SE 61ST AVENUE	
CITY - ST - ZIP	BELLEVIEW FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	P.D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	HAMMOND, RICHARD	
1.3 STREET ADDRESS	3400 S.W. 51ST TERRACE	
1.4 CITY - ST - ZIP	OCALA, FLORIDA 34474	
2.1 TITLE	S.D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SCHAEFER, LYLE	
2.3 STREET ADDRESS	3398 S.E. 110 Street	
2.4 CITY - ST - ZIP	OCALA, FLORIDA 34480	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	THREET, William	
4.3 STREET ADDRESS	10766 S.E. 131ST LANE	
4.4 CITY - ST - ZIP	OCALA, FLORIDA 32179	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

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)(k), 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-11-1996

352-840-0550

Date

Daytime Phone #

CR2E037 (12/95)