

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000005295

**FILED  
Apr 12, 2017  
Secretary of State  
CC9068915045**

**Entity Name:** SHORES BAPTIST WORSHIP CENTER, INC.

**Current Principal Place of Business:**

414 SILVER RD  
OCALA, FL 34472

**Current Mailing Address:**

414 SILVER RD  
OCALA, FL 34472

**FEI Number: 59-2985716**

**Certificate of Status Desired: Yes**

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

GARNER, HAROLD NJR. HAROLD GARNER  
4972 NW 82ND COURT  
OCALA, FL 34482 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: HAROLD GARNER**

**04/12/2017**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name GARNER, HAROLD NJR.  
Address 4972 NW 82ND COURT  
City-State-Zip: Ocala FL 34482

Title DEACON  
Name MORRIS, BYRON  
Address 50 BAHIA TRACE COURSE  
City-State-Zip: Ocala FL 34472

Title TREASURER  
Name OWEN, CLAUDIA ANGELA  
Address 4800 NW 48TH AVE  
City-State-Zip: Ocala FL 34482

Title VP  
Name JOSIAH, DUNCAN  
Address 6 HICKORY LOOP TERRACE  
City-State-Zip: Ocala FL 34472

Title DIRECTOR  
Name ICELINE, EDMUND  
Address 30 SAPPHERE RUN  
City-State-Zip: Ocala FL 34472

Title CORRESPONDING SECRETARY  
Name THELMA, HUNT  
Address 67 LAKE DIAMOND BLVD  
City-State-Zip: Ocala FL 34472

*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: CLAUDIA OWEN**

**TREASURER**

**04/12/2017**

Electronic Signature of Signing Officer/Director Detail

Date