

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000005295

**FILED**  
**Jan 28, 2019**  
**Secretary of State**  
**2193420610CC**

**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 US

**FEI Number:** 59-2985716

**Certificate of Status Desired:** Yes

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

OWEN, CLAUDIA  
414 SILVER ROAD  
OCALA, FL 34472 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

01/28/2019

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

Title DIRECTOR  
Name BIRCH, JACKIE  
Address 5 LAKE COURT  
City-State-Zip: Ocala FL 34472

Title DIRECTOR  
Name STEADMAN, FRATER  
Address 4 HEMLOCK CIRCLE COURT  
City-State-Zip: Ocala FL 34472

Title DIRECTOR  
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:** HAROLD N. GARNER, JR.

**PRESIDENT**

01/28/2019

Electronic Signature of Signing Officer/Director Detail

Date