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

I

Electronic Signature of Signing Officer/Director Detail

414 SILVER RD OCALA, FL 34472

Current Principal Place of Business:

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Entity Name: SHORES BAPTIST WORSHIP CENTER, INC.

Current Mailing Address:

DOCUMENT# N06000005295

414 SILVER RD OCALA. FL 34472 US

FEI Number: 61-2122437

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	E: HAROLD GARNER			02/01/2024	
	Electronic Signature of Registered Agent			Date	
Officer/Director Detail :					
Title	PD	Title	DIRECTOR		
Name	GARNER, HAROLD NJR.	Name	OWEN, CLAUDIA ANGELA		
Address	4972 NW 82ND COURT	Address	4800 NW 48TH AVE		
City-State-Zip:	OCALA FL 34482	City-State-Zip:	OCALA FL 34482		
Title	DIRECTOR	Title	DIRECTOR		
Name	SANTANA, MARISEL	Name	JACQUES, CORMIER		
Address	5807 SW 80TH PLACE	Address	310 OAK LANE DR		
City-State-Zip:	OCALA FL 34476	City-State-Zip:	OCALA FL 34472		
Title	DIRECTOR				
Name	REID, KEN				
Address	6 HICKORY LOOP TERRACE				
City-State-Zip:	OCALA FL 34472				

Certificate of Status Desired: Yes

FILED Feb 01, 2024 Secretary of State 1121436582CC

Date

02/01/2024

SECRETARY