


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Aug 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **721441** (4)

1. Corporation Name

**CALVARY BAPTIST CHURCH OF SILVER SPRINGS SHORES,
INC.**

Principal Place of Business	Mailing Address
484 EMERALD RD. OCALA FL 34472 US	484 EMERALD RD. OCALA FL 34472 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/30/1971		3a. Date of Last Report 02/15/1996	
21		26		4. FEI Number 59-1889890		Applied For <input type="checkbox"/> Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip		25 Country		29 Zip		30 Country	
24		25		29		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

**DAVISON, STEPHEN REV
1 BROOK LANE
OCALA FL 32872**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVISON, STEPHEN REV	1.2 NAME	
STREET ADDRESS	1 BROOK LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA, FL FL 34472	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUSER, RONALD V	2.2 NAME	
STREET ADDRESS	5591 SE 9TH STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34471	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAHLING, JACK	3.2 NAME	
STREET ADDRESS	12443 SOUTH 61ST COURT	3.3 STREET ADDRESS	
CITY-ST-ZIP	BELLEVIEW FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DARIN HILL	4.2 NAME	
STREET ADDRESS	28 PINE RADIAL	4.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34471	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOUGLAS DAVISON	5.2 NAME	
STREET ADDRESS	4760 S.E. 3RD AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34480	5.4 CITY-ST-ZIP	
TITLE	CD <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOBBY RAST JR.	6.2 NAME	Michael A. Pritchet
STREET ADDRESS	10916 SE 51ST CT.	6.3 STREET ADDRESS	10210 SE 138 Place Rd
CITY-ST-ZIP	BELLEVIEW FL 34471	6.4 CITY-ST-ZIP	Summerfield, FL. 34491

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 _____