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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # 737057 (0)

1. Corporation Name

SILVER STAR CHRISTIAN CHURCH, INC.

Principal Place of Business	Mailing Address
7510 SILVER STAR ROAD ORLANDO FL 32818	7510 SILVER STAR ROAD ORLANDO FL 32818-4702

3. Date Incorporated or Qualified: 10/18/1976
3a. Date of Last Report: 06/06/1996

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

4. FEI Number: 59-2631175 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$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

DICKERSON, LARRY
1715 CROWN POINT WOODS CIRCLE
OCOEE FL 34761

10. Name and Address of New Registered Agent

81 Name: DICKERSON, LARRY
82 Street Address (P.O. Box Number Is Not Acceptable): 1116 ZACHARY WAY
83:
84 City: ORLANDO FL 85 Zip Code: 32835

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] 3-11-97
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	SD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	ADERHOLD, EDITH		1.2 NAME		
STREET ADDRESS	432 N JOHN ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32835		1.4 CITY-ST-ZIP		
TITLE	TD	☒ DELETE	2.1 TITLE	TD	☒ Change ☐ Addition
NAME	DICKERSON, KATE		2.2 NAME	CRABTREE, RONALD	
STREET ADDRESS	1715 CROWN POINT CIR.		2.3 STREET ADDRESS	2124 Paradise Point	
CITY-ST-ZIP	OCOEE FL 34761		2.4 CITY-ST-ZIP	Apopka, FL 32703	
TITLE	CD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	DICKERSON, LARRY		3.2 NAME		
STREET ADDRESS	1715 CROWN POINT CIR.		3.3 STREET ADDRESS		
CITY-ST-ZIP	OCOEE FL 34761		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

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: [signature] EDITH ADERHOLD 3-27-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0017400