

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 07, 2004 08:00 AM
Secretary of State

DOCUMENT # 737057

1. Entity Name

SILVER STAR CHRISTIAN CHURCH, INC.



Principal Place of Business

7510 SILVER STAR ROAD
ORLANDO, FL 32818

Mailing Address

7510 SILVER STAR ROAD
ORLANDO, FL 32818



02122004 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2631175

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TOKAR, CHESTER J
4748 LAKE SHARP DR.
ORLANDO, FL 32817

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	SD
NAME	WALTERS, CURTIS
STREET ADDRESS	7629 DUNDAS DR
CITY-ST-ZIP	ORLANDO, FL 32818
TITLE	CD
NAME	THRASHER, ROBERT
STREET ADDRESS	7128 MINIPPI DR.
CITY-ST-ZIP	ORLANDO, FL 32818
TITLE	TD
NAME	WEATHERLY, GEORGE
STREET ADDRESS	2188 E.H. POUNDS DR.
CITY-ST-ZIP	OCOOEE, FL 34761
TITLE	M
NAME	TOKAR, CHESTER J
STREET ADDRESS	4748 LAKE SHARP DR.
CITY-ST-ZIP	ORLANDO, FL 32817
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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06/07/04-80001-024 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHESTER J. TOKAR

Date

Daytime Phone #

6/3/04 407
293-2768