

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90155 021 ****61.25

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		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-2631175	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent TOKAR, CHESTER J 4748 LAKE SHARP DR. ORLANDO, FL 32817				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WALTERS, CURTIS 7629 DUNDAS DR ORLANDO, FL 32818	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD THRASHER, ROBERT 7128 MINIPPI DR. ORLANDO, FL 32818	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WEATHERLY, GEORGE 2188 E.H. POUNDS DR. OCOE, FL 34761	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M TOKAR, CHESTER J 4748 LAKE SHARP DR. ORLANDO, FL 32817	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD BRASWELL, ALLIE 202 LARGOVISTA DRIVE OAKLAND, FLORIDA 34787	☐ Change ☒ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD THRASHER, ROBERT 7128 MINIPPI DRIVE ORLANDO, FLORIDA 32818	☒ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DAWKINS, HERBERT 2216 CERBERUS DRIVE APOPKA, FLORIDA 32712	☐ Change ☒ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	☐ Change ☐ Addition			
12. I 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 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			April 1, 2005 Date		407-293-2768 Daytime Phone #