## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 737057** 

FILED Jul 16, 2008 Secretary of State

Entity Name: SILVER STAR CHRISTIAN CHURCH, INC.

Current P	rincipal Place of Business:	New Principal Place of Business:
	ER STAR ROAD D, FL 32818	
Current M	lailing Address:	New Mailing Address:
	ER STAR ROAD D, FL 32818	
n accordan	: 59-2631175 FEI Number Applied For (ace with s. 607.193(2)(b), F.S., the corporation	did not receive the prior notice.
lame and	d Address of Current Registered Ager	nt: Name and Address of New Registered Agent:
4748 LÁKE	CHESTER J E SHARP DR. D, FL 32817 US	
	e named entity submits this statement for e of Florida.	the purpose of changing its registered office or registered agent, or bot
n the Stat	e of Florida.	the purpose of changing its registered office or registered agent, or bot
n the State	e of Florida.	
n the State	e of Florida. ¯ RE:	
n the State  SIGNATUI  DFFICER  ittle: lame: ddress:	e of Florida.  RE:  Electronic Signature of Registere	d Agent Date
DFFICER itle: lame: ddress: itle: lame: ddress: itle: lame: ddress:	e of Florida.  RE:  Electronic Signature of Registere  S AND DIRECTORS:  CD () Delete GEORGE, WEATHERLY 2194 EH POUNDS DR	d Agent Date  ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR  Title: ( ) Change ( ) Addition  Name: Address:
n the State	e of Florida.  RE:  Electronic Signature of Registere  S AND DIRECTORS:  CD () Delete GEORGE, WEATHERLY 2194 EH POUNDS DR OCOEE, FL 34761  TD () Delete MATHURIN, ORLEANS 7500 SILVER STAR ROAD	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR  Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:  Title: ( ) Change ( ) Addition Name: Address:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: CHESTER J TOKAR M 07/16/2008