


FILE NOW: FILING FEE IS \$61.25

FILED
Jul 24 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 # **764786** (0)
1. Corporation Name
SILVER SPRINGS SHORES CHRISTIAN CHURCH, INC.



Principal Place of Business OAK ROAD/EMERALD RD. TRACT B-V BOX 9888 OCALA FL 34472-9000 US	Mailing Address OAK ROAD/EMERALD RD. TRACT B-V BOX 9888 OCALA FL 34472-9000 US
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2. Principal Place of Business 21 805 OAK ROAD Suite, Apt. #, etc. 22 City & State 23 OCALA, FLORIDA Zip 24 34472	2a. Mailing Address 26 P.O. BOX 434 Suite, Apt. #, etc. 27 City & State 28 CANDLER, FLORIDA Zip 29 32111-0434
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3. Date Incorporated or Qualified 09/01/1982	3a. Date of Last Report 02/07/1996
4. FEI Number 59-2350807	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
CLOUD, ROBERT
2 FIR TRAIL PLACE
OCALA FL 34472

10. Name and Address of New Registered Agent
81 Name **MARK A. DIGIUGNO**
82 Street Address (P.O. Box Number is Not Acceptable)
9 PINE COURT PLACE
83 **SILVER SPRINGS SHORES**
84 City **OCALA** FL 85 Zip Code **34472-9048**

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]* DATE **6-2-97**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	NATALINO, THOMAS F.
STREET ADDRESS	10745 S.E. MARICAMP ROAD
CITY-ST-ZIP	CANDLER FL
TITLE	<input type="checkbox"/> DELETE
NAME	JAMES, GEORGE
STREET ADDRESS	12500 S.E. 115TH AVENUE
CITY-ST-ZIP	BELLEVIEW FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	CLOUD, ROBERT C.
STREET ADDRESS	2 FIR TRAIL PLACE
CITY-ST-ZIP	OCALA FL
TITLE	<input type="checkbox"/> DELETE
NAME	DIGIUGNO, MARK A
STREET ADDRESS	9 PINE CT PL
CITY-ST-ZIP	OCALA FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	CHAIRMAN/DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	32111
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	34472
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	34472-9048
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	700002251687 <input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	-07/30/97--01005--028
6.3 STREET ADDRESS	***61.25
6.4 CITY-ST-ZIP	7-24

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.

CR2E037 (9/96)