

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 764786

1. Entity Name

SILVER SPRINGS SHORES CHRISTIAN CHURCH, INC.

Principal Place of Business

Mailing Address

805 OAK ROAD
OCALA FL 34472
US

P.O. BOX 434
CANDLER FL 32111-0434
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2350807

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DIGIUGNO, MARK A
9 PINE COURT PLACE
SILVER SPRINGS SHORES
OCALA FL 34472-9048

Name George James

Street Address (P.O. Box Number is Not Acceptable)

12500 SE 115TH Ave

City

Belleview

FL

Zip Code

34420

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.

SIGNATURE George James

CD

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

(NOTE: Registered Agent signature required when reinstating)

DATE

George James 1-9-00

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	DEAFENBAUGH, RAYMOND	
STREET ADDRESS	10565 SE 131ST PL	
CITY-ST-ZIP	OCKLAWAHA FL 32183	
TITLE	CD	<input type="checkbox"/> Delete
NAME	JAMES, GEORGE	
STREET ADDRESS	12500 S.E. 115TH AVENUE	
CITY-ST-ZIP	BELLEVIEW FL 34420	
TITLE	TD	<input type="checkbox"/> Delete
NAME	JAMES, GEORGE	
STREET ADDRESS	12500 SE 115TH AVE	
CITY-ST-ZIP	BELLEVIEW FL 34420	
TITLE	TD	<input type="checkbox"/> Delete
NAME	JAMES HEATON	
STREET ADDRESS	12621 SE SUNSET HARBOUR RD	
CITY-ST-ZIP	WEIRSDALE FL. 32195	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

George James (Elder) Director

1-9-00

3522881571

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90135 014 ****61.25

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DO NOT WRITE IN THIS SPACE