

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2008 8:00 am
Secretary of State

01-31-2008 90031 046 ****70.00

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1. Entity Name

SILVER SPRINGS SHORES CHRISTIAN CHURCH, INC.



Principal Place of Business

805 OAK ROAD
OCALA FL 34472
US

Mailing Address

805 OAK ROAD
OCALA FL 34472
US

40013601



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

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

NATALINO, THOMAS F
10745 SE MARICAMP RD
CANDLER FL 32111

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

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

(NOTE: Registered Agent signature required when relationship)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

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

TITLE ☒ D ☐ Delete
NAME MAY, KEVIN
STREET ADDRESS POB 3675
CITY-STATE-ZIP BELLEVIEW FL 34421

TITLE ☒ CD ☐ Delete
NAME CLARK, JOHN
STREET ADDRESS 365 LAKE DR
CITY-STATE-ZIP Ocala FL 34472

TITLE ☐ PTD ☐ Delete
NAME JAMES, GEORGE
STREET ADDRESS 6407 SE 8TH ST UNIT 33
CITY-STATE-ZIP BELLEVIEW FL 34420

TITLE ☐ VD ☐ Delete
NAME NATALINO, THOMAS F
STREET ADDRESS 10745 SE MARICAMP RD
CITY-STATE-ZIP CANDLER FL 32111

TITLE ☐ ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☒ Change ☐ Addition
NAME *PDT JAMES, George*
STREET ADDRESS *6407 SE 108TH ST UNIT 33*
CITY-STATE-ZIP *Belleview, FL 34420*

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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

GEORGE JAMES