2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2004 08:00 AM
Secretary of State

DOCUMENT # 768309

1. Entity Name
SHORES TABERNACLE, INC.

Principal Place of Business	Mailing Address
206 MIDWAY RD OCALA, FL 34472 US	P.O. BOX 830656 OCALA, FL 34483 US

04232004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2288085
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, DORRETT
52 REDWOOD TRACE
OCALA, FL 34-4725

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000133020
04/27/04-80071-024 $1.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DELCAMP, JOHN
STREET ADDRESS	P.O. BOX 881303
CITY-ST-ZIP	OCALA, FL 34483
TITLE	SD
NAME	JOHNSON, DORRETT
STREET ADDRESS	52 REDWOOD TRACE
CITY-ST-ZIP	OCALA, FL 34472
TITLE	TD
NAME	MARTIN, EVELYN
STREET ADDRESS	19 BAHIA CIRCLE LOOP
CITY-ST-ZIP	OCALA, FL
TITLE	D
NAME	FRANKS, AL
STREET ADDRESS	1044 NE 20TH ST
CITY-ST-ZIP	OCALA, FL 34470
TITLE	D
NAME	THOMPSON, IVAN
STREET ADDRESS	75 SILVER PLACE
CITY-ST-ZIP	OCALA, FL 34472
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Dorrett Johnson 04/26/04 357-687-0190
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #