

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90259 028 ****61.25

DOCUMENT # 768309		
1. Entity Name SHORES ASSEMBLY OF GOD, INC.		

Principal Place of Business 206 MIDWAY RD OCALA, FL 34472 US	Mailing Address P.O. BOX 830656 OCALA, FL 34483 US
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20040724



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04192005 Chg-NP CR2E037 (10/03)

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		7. Name and Address of New Registered Agent	
JOHNSON, DORRETT 52 REDWOOD TRACE OCALA, FL 344725		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 reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD	☐ Delete		TITLE		☐ Change ☐ Addition	
NAME	DELCAMP, JOHN			NAME			
STREET ADDRESS	P.O. BOX 881903			STREET ADDRESS			
CITY-ST-ZIP	OCALA, FL 34483			CITY-ST-ZIP			
TITLE	SD	☐ Delete		TITLE		☐ Change ☐ Addition	
NAME	JOHNSON, DORRETT			NAME			
STREET ADDRESS	52 REDWOOD TRACE			STREET ADDRESS			
CITY-ST-ZIP	OCALA, FL 34472			CITY-ST-ZIP			
TITLE	TD	☐ Delete		TITLE		☐ Change ☐ Addition	
NAME	MARTIN, EVELYN			NAME			
STREET ADDRESS	19 BAHIA CIRCLE LOOP			STREET ADDRESS			
CITY-ST-ZIP	OCALA, FL			CITY-ST-ZIP			
TITLE	D	☒ Delete		TITLE	Trustee - D	☐ Change ☒ Addition	
NAME	FRANKS, AL			NAME	White, Thomas		
STREET ADDRESS	1044 NE 20TH ST			STREET ADDRESS	838 Bahia Circle		
CITY-ST-ZIP	OCALA, FL 34470			CITY-ST-ZIP	Ocala, FL 34472		
TITLE	D	☐ Delete		TITLE		☐ Change ☐ Addition	
NAME	THOMPSON, IVAN			NAME			
STREET ADDRESS	75 SILVER PLACE			STREET ADDRESS			
CITY-ST-ZIP	OCALA, FL 34472			CITY-ST-ZIP			
TITLE		☐ Delete		TITLE		☐ Change ☐ Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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)(l), 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 DORRETT JOHNSON Secretary 4-20-05 352-687-8771
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #