

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 768309

FILED
Jul 10, 2007
Secretary of State

Entity Name: SHORES ASSEMBLY OF GOD, INC.

Current Principal Place of Business:

206 MIDWAY RD
OCALA, FL 34472 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 830656
OCALA, FL 34483 US

New Mailing Address:

FEI Number: 59-2288085 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

JOHNSON, DORRETT
52 REDWOOD TRACE
OCALA, FL 344725 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DELCAMP, JOHN
Address: P.O. BOX 881903
City-St-Zip: Ocala, FL 34483

Title: SD () Delete
Name: JOHNSON, DORRETT
Address: 52 REDWOOD TRACE
City-St-Zip: Ocala, FL 34472

Title: TD () Delete
Name: MARTIN, EVELYN
Address: 19 BAHIA CIRCLE LOOP
City-St-Zip: Ocala, FL

Title: TD () Delete
Name: WHITE, THOMAS
Address: 838 BAHIA CIRCLE
City-St-Zip: Ocala, FL 34472

Title: TR () Delete
Name: PLACIDE, JOHN
Address: 304 OAK TRACK WAY
City-St-Zip: Ocala, FL 34472

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN DELCAMP

PD

07/10/2007

Electronic Signature of Signing Officer or Director

Date