2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2009
Secretary of State

DOCUMENT# 768309

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 ( )**

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: 545 BAHIA CIRCLE TERRACE
City-St-Zip: OCALA, FL 34472

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: BOODOO, ERROL
Address: 3 PECAN DRIVE
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 02/27/2009

Electronic Signature of Signing Officer or Director — Date