2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2003 8:00 am
Secretary of State
05-09-2003 90155 019 ****61.25

0092518

DOCUMENT # 768309

1. Entity Name
SHORES TABERNACLE, INC.

Principal Place of Business	Mailing Address
136 MIDWAY ROAD PO BOX 7087 OCALA FL 34472 US	136 MIDWAY ROAD PO BOX 7087 OCALA FL 34472 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.: 206 MIDWAY ROAD	Suite, Apt. #, etc.: PO BOX 830656
City & State: OCALA, FL	City & State: OCALA, FL
Zip: 34472 Country:	Zip: 34483 Country:

☑ CHECK HERE IF MAKING CHANGES

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

CARROLL, CHARLES, A.
510 BAHIA DR
OCALA FL 34472

7. Name and Address of New Registered Agent

Name: DORRETT JOHNSON
Street Address (P.O. Box Number is Not Acceptable): 52 REDWOOD TRACE
City: OCALA FL Zip Code: 34472

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: DORRETT JOHNSON Dorrett Johnson 5-7-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CARROLL, CHARLES A. 510 BAHIA DR. OCALA FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD JOHN DELCAMP PO BOX 881903 OCALA, FL 34483 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD JOHNSON, DORRETT 10 BAHIA COURT RUN OCALA FL 34472	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 52 REDWOOD TRACE OCALA, FL 34472
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD MARTIN, EVELYN 19 BAHIA CIRCLE LOOP OCALA FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FRANKS, AL 1044 NE 20TH ST OCALA FL 34470	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D THOMPSON, IVAN 75 SILVER PLACE OCALA FL 34472	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/02)

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 SIGNATURE REQUIRED Dorrett Johnson 5-7-03 352/682-8771
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR