

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000005295

FILED
Mar 24, 2009
Secretary of State

Entity Name: SHORES BAPTIST WORSHIP CENTER, INC.

Current Principal Place of Business:

414 SILVER RD
OCALA, FL 34472

New Principal Place of Business:

Current Mailing Address:

414 SILVER RD
OCALA, FL 34472

New Mailing Address:

FEI Number: 59-2985716

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DENTON, SYLVESTER
513 SAPPHIRE LN
OCALA, FL 34472 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: DENTON, SYLVESTER
Address: 513 SAPPHIRE LN
City-St-Zip: Ocala, FL 34472

Title: VP () Delete
Name: MCARTHUR, WILLIAM
Address: 8 HICKORY TRACK RUN
City-St-Zip: Ocala, FL 34472

Title: SD () Delete
Name: WHITE, RUBY
Address: 744 BAHIA CIR
City-St-Zip: Ocala, FL 34472

Title: T () Delete
Name: MCDONALD, BERNICE
Address: 6314 SW 84 PL RD
City-St-Zip: Ocala, FL 34476

Title: D () Delete
Name: LEIST, ALA
Address: 520 SE WENONA AVE
City-St-Zip: Ocala, FL 34471

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: SYLVESTER DENTON

PD

03/24/2009

Electronic Signature of Signing Officer or Director

Date