2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)

DOCUMENT # N19938

1. Entity Name

SILVER SPRINGS SHORES CONGREGATION OF
JEHOVAH'S WITNESSES, INC.

Principal Place of Business	Mailing Address
5221 PECAN RD OCALA FL 34472 US	9301 BAHIA TRACK WAY OCALA FL 34472

2. Principal Place of Business - No P.O. Box #	3. Mailing Address *P.O. Box 831001*
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State *Ocala, FL*

1st MOORE   CR2E037 (10/06)

Zip	Country	Zip *34483-1001*	Country *MARION*

4. FEI Number **59-2823321** | 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
EDWARDS, DARRELL B 9301 BAHIA TRACK WAY SILVER SPRINGS SHORES OCALA FL 34472	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

FILE NOW: FEE IS $61.25 **Due By May 1, 2007**	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 EDWARDS, DARREL B. 9301 BAHIA TRACK WAY OCALA FL	☐ Delete	TITLE NAME STREET ADDRESS CITY ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY ST-ZIP	STD JORDAN, ROBERT 10461 S.E. 106TH CT. CANDLER FL	☐ Delete	TITLE NAME STREET ADDRESS CITY ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY ST-ZIP	VPD ANAZIA, ROLAND 33 HEMLOCK CRT PASS 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
TITLE NAME STREET ADDRESS CITY ST-ZIP		☐ 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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Roland Anazia*   *4/9/07*   *352-687-4028*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #