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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 12 PM 12:22

DOCUMENT # **N34392** **(3)**

1. Corporation Name

FIRST BAPTIST CHURCH OF SILVER SPRINGS SHORES, I NC.

Principal Place of Business	Mailing Address
414 SILVER ROAD OCALA FL 34472 US	414 SILVER ROAD OCALA FL 34472 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/26/1989	3a. Date of Last Report: 08/03/1994
4. FEI Number: 59-2985716	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒	$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

NICKENS, CORDELIA
8 SPRING DRIVE WAY
OCALA FL 34472

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Cordelia Nickens 4-5-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☐ Change ☐ Addition
NAME	BOUKER, JAMES	12 NAME		
STREET ADDRESS	4011 SE 61ST PLACE	13 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL	14 CITY-ST-ZIP		
TITLE	VD	21 TITLE		☐ Change ☐ Addition
NAME	DENTON, SYLVESTER	22 NAME		
STREET ADDRESS	513 SAPPHIRE LANE	23 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL	24 CITY-ST-ZIP		
TITLE	SD	31 TITLE		☐ Change ☐ Addition
NAME	NICKENS, CORDELIA	32 NAME		
STREET ADDRESS	8 SPRING DRIVE WAY	33 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL	34 CITY-ST-ZIP		
TITLE	T	41 TITLE	T	☒ Change ☐ Addition
NAME	WHITE, WINFORD	42 NAME	LEIST, KENNETH	
STREET ADDRESS	618-B FAIRWAYS CIRCLE	43 STREET ADDRESS	520 SE Wenona Avenue	
CITY-ST-ZIP	OCALA FL	44 CITY-ST-ZIP	Ocala, FL 34471	
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	FLETCHER, CECIL O.	52 NAME		
STREET ADDRESS	591 BAHIA CIR.	53 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL	54 CITY-ST-ZIP		
TITLE	D	61 TITLE		☐ Change ☐ Addition
NAME	WHITE, RUBY V	62 NAME		
STREET ADDRESS	744 BAHIA CIR	63 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL	64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Cordelia Nickens 4-5-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0086262