

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

3. Date Incorporated or Qualified
09/26/1989

3a. Date of Last Report
04/12/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NICKENS, CORDELIA
8 SPRING DRIVE WAY
OCALA FL 34472

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Cordelia Nickens
Signature of registered agent and title if applicable

CORDELIA NICKENS
(NOTE: Registered Agent signature required when reinstating)

4/2/96
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME BOUKER, JAMES
STREET ADDRESS 4011 SE 61ST PLACE
CITY-ST-ZIP Ocala FL

TITLE VD ☐ DELETE

NAME ~~DENTON, SYLVESTER~~
STREET ADDRESS 513 SAPPHIRE LANE
CITY-ST-ZIP Ocala FL

TITLE SD ☐ DELETE

NAME NICKENS, CORDELIA
STREET ADDRESS 8 SPRING DRIVE WAY
CITY-ST-ZIP Ocala FL

TITLE T ☐ DELETE

NAME LEIST, KENNETH
STREET ADDRESS 520 SE WENONA AVE
CITY-ST-ZIP Ocala FL

TITLE D ☐ DELETE

NAME FLETCHER, CECIL O.
STREET ADDRESS 591 BAHIA CIR.
CITY-ST-ZIP Ocala FL

TITLE D ☐ DELETE

NAME WHITE, RUBY V
STREET ADDRESS 744 BAHIA CIR
CITY-ST-ZIP Ocala FL

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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)(k), 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CORDELIA NICKENS

4/2/96
Date Daytime Phone

CR2E037 (12/95)