


FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 15 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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
<b>414 SILVER ROAD OCALA FL 34472 US</b>	<b>414 SILVER ROAD OCALA FL 34472-2658 US</b>

3. Date Incorporated or Qualified <b>09/26/1989</b>	3a. Date of Last Report <b>04/08/1996</b>
--	--

2. Principal Place of Business	2a. Mailing Address	4. FEI Number <b>59-2985716</b>	Applied For Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
23. Zip	28. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24. Country	29. Country		
25. Country	30. Country		

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. City	
84. City	<b>FL</b>
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 *Cordeia Nickens*  
Signature, typed or printed name of registered agent and title if applicable

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

**4/10/97**  
DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>BOUKER, JAMES</b>	
STREET ADDRESS	<b>4011 SE 61ST PLACE</b>	
CITY-ST-ZIP	<b>OCALA FL</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>DENTON, SYLVESTER</b>	
STREET ADDRESS	<b>513 SAPPHIRE LANE</b>	
CITY-ST-ZIP	<b>OCALA FL</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>NICKENS, CORDELIA</b>	
STREET ADDRESS	<b>8 SPRING DRIVE WAY</b>	
CITY-ST-ZIP	<b>OCALA FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>LEIST, KENNETH</b>	
STREET ADDRESS	<b>520 SE WENONA AVE</b>	
CITY-ST-ZIP	<b>OCALA FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>FLETCHER, CECIL O.</b>	
STREET ADDRESS	<b>591 BAHIA CIR.</b>	
CITY-ST-ZIP	<b>OCALA FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>WHITE, RUBY V</b>	
STREET ADDRESS	<b>744 BAHIA CIR</b>	
CITY-ST-ZIP	<b>OCALA FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 *Cordeia Nickens* **CORDELIA NICKENS** **4/10/97**

CR2E037 (9/96)