

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90626 037 ****61.25

DOCUMENT # N34392

1. Entity 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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2985716

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**NICKENS, CORDELIA
 8 SPRING DRIVE WAY
 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.

SIGNATURE *Cordelia Nickens, SD*
 Signature, typed or printed name of registered agent and title if applicable.

Cordelia Nickens 04-24-02
 (NOTE: Registered Agent signature required when re-registering) DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
 NAME **PD BOUKER, JAMES**
 STREET ADDRESS **4011 SE 61ST PLACE**
 CITY-ST-ZIP **OCALA FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **VD DENTON, SYLVESTER**
 STREET ADDRESS **513 SAPHIRE LANE**
 CITY-ST-ZIP **OCALA FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **SD NICKENS, CORDELIA**
 STREET ADDRESS **8 SPRING DRIVE WAY**
 CITY-ST-ZIP **OCALA FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Delete
 NAME **T LEIST, KENNETH**
 STREET ADDRESS **520 SE WENONA AVE**
 CITY-ST-ZIP **OCALA FL**

TITLE ☒ Change ☐ Addition
 NAME **T McDonald, Bernice**
 STREET ADDRESS **12 Pine Radial Drive**
 CITY-ST-ZIP **Ocala FL 34472**

TITLE ☐ Delete
 NAME **D FLETCHER, CECIL O.**
 STREET ADDRESS **591 BAHIA CIR.**
 CITY-ST-ZIP **OCALA FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **D WHITE, RUBY V**
 STREET ADDRESS **744 BAHIA CIR**
 CITY-ST-ZIP **OCALA FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I 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 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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)