2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N34392

FILED Aug 09, 2004 Secretary of State

Entity Name: FIRST BAPTIST CHURCH OF SILVER SPRINGS SHORES, INC.

Current Principal Place of Business: New Principal Place of Business: 414 SILVER ROAD OCALA, FL 34472 US **Current Mailing Address: New Mailing Address:** 414 SILVER ROAD OCALA, FL 34472 US FEI Number: 59-2985716 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WHITE, RUBY V 744 BAHIA CIR OCALA, FL 34472 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition BOUKER, JAMES, LEIST, ALA H Name: Name: 4011 SE 61ST PLACE Address: 520 SE WENONA AVENUE Address: City-St-Zip: OCALA, FL City-St-Zip: OCALA, FL 34471 Title: VD Title: (X) Change () Addition () Delete Name: DENTON, SYLVESTER Name: DENTON, SYLVESTER Address: 513 SAPPHIRE LANE Address: 513 SAPPHIRE LANE City-St-Zip: OCALA, FL City-St-Zip: OCALA, FL 34472 Title: () Delete Title: () Change () Addition WHITE, RUBY V Name: Name: Address: 744 BAHIA CIR Address: City-St-Zip: OCALA, FL 34472 City-St-Zip: Title: () Delete Title: () Change () Addition Name: MCDONALD, BERNICE Name: 12 PINE RADIAL DR Address: Address: City-St-Zip: OCALA, FL 34472 City-St-Zip: Title: () Delete Title: () Change () Addition NAVARRO, STEPHEN Name: Name: 3997 SE 44TH ST Address: Address: City-St-Zip: OCALA, FL 34480 City-St-Zip: Title: () Delete Title: () Change () Addition MCQUEEN, EDWARD Name: Name: Address: 15 BAHIA PASS TRACK Address: OCALA, FL 34472 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RUBY V. WHITE SD 08/09/2004