

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 # N94000002115 (3)

1. Corporation Name

SHORES CHURCH OF CHRIST, INCORPORATED



Principal Place of Business

Mailing Address

101 CEDAR ROAD
OCALA FL 34472
US

2905 S.E. 27TH AVENUE
OCALA FL 34471

3. Date Incorporated or Qualified

04/26/1994

3a. Date of Last Report

02/23/1995

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

59-3234790

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

HARDING, JAMES P
2905 S.E. 27TH AVE.
OCALA FL 34471

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

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
NAME YOUNCE, CLIFTON
STREET ADDRESS 6685 S.E. 135TH ST.
CITY-ST-ZIP SUMMERFIELD FL 34491

☒ DELETE

1.1 TITLE P.D.
1.2 NAME HAMMOND, Richard
1.3 STREET ADDRESS 3400 S.W. 51st TERRACE
1.4 CITY-ST-ZIP Ocala, Florida 34474

☒ Change

☐ Addition

TITLE SD
NAME THACKER, TONY
STREET ADDRESS 11118 SE 40TH AVENUE
CITY-ST-ZIP BELLEVUE FL

☒ DELETE

2.1 TITLE S.D.
2.2 NAME SCHAEFER, Lyle
2.3 STREET ADDRESS 3398 S.E. 110 Street
2.4 CITY-ST-ZIP Ocala, Florida 34480

☒ Change

☐ Addition

TITLE TD
NAME HARDING, JAMES P
STREET ADDRESS 2905 SE 27TH AVENUE
CITY-ST-ZIP Ocala FL

☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE D
NAME ANQUISH, HOWARD
STREET ADDRESS 11685 SE 61ST AVENUE
CITY-ST-ZIP BELLEVUE FL

☒ DELETE

4.1 TITLE D.
4.2 NAME THREET, William
4.3 STREET ADDRESS 10766 S.E. 131st LANE
4.4 CITY-ST-ZIP Ocala, Florida 32179

☒ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-11-1996

352-840-0550

Date

Daytime Phone #

CR2E037 (12/95)