


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 17, 2006 8:00 am**  
**Secretary of State**

02-17-2006 90074 029 \*\*\*\*61.25

DOCUMENT # 764786					
1. Entity Name SILVER SPRINGS SHORES CHRISTIAN CHURCH, INC.					
Principal Place of Business 805 OAK ROAD OCALA FL 34472 US		Mailing Address 805 OAK 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 59-2350807	
Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
Zip	Country <i>MARION</i>	Zip	Country	1st MOORE CR2E037 (10/05)	
6. Name and Address of Current Registered Agent  NATALINO, THOMAS F. 10745 SE MARICAMP RD CANDLER FL 32111			7. Name and Address of New Registered Agent		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PT <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	JAMES, GEORGE	NAME	KEVIN MAY		
STREET ADDRESS	12500 SE 115TH AVE.	STREET ADDRESS	P.O. BOX 3675		
CITY-ST-ZIP	BELLEVIEW FL 34420	CITY-ST-ZIP	BELLEVIEW FL 34421		
TITLE	CD <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	JAMES, GEORGE	NAME	ROBERT TISON		
STREET ADDRESS	12500 S.E. 115TH AVENUE	STREET ADDRESS	194 SE 63 <sup>RD</sup> TOR		
CITY-ST-ZIP	BELLEVIEW FL 34420	CITY-ST-ZIP	OCALA FL 34472		
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	JAMES, GEORGE	NAME			
STREET ADDRESS	12500 SE 115TH AVE	STREET ADDRESS			
CITY-ST-ZIP	BELLEVIEW FL 34420	CITY-ST-ZIP			
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	NATALINO, THOMAS F	NAME			
STREET ADDRESS	10745 SE MARICAMP RD	STREET ADDRESS			
CITY-ST-ZIP	CANDLER FL 32111	CITY-ST-ZIP			
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CLARK, JOHN	NAME			
STREET ADDRESS	365 LAKE DR	STREET ADDRESS			
CITY-ST-ZIP	OCALA FL 34472	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HEATON, JAMES	NAME			
STREET ADDRESS	12621 SE SUNSET HARBOR RD	STREET ADDRESS			
CITY-ST-ZIP	WEIRSDALE FL 32195	CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *George James PT* *George James* (352) 681-8530