

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90062 002 ****61.25

0076322

NONPROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 764786

1. Corporation Name

SILVER SPRINGS SHORES CHRISTIAN CHURCH, INC.

Principal Place of Business

805 OAK ROAD
 Ocala FL 34472
 US

Mailing Address

P.O. BOX 434
 CANDLER FL 32111-0434
 US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

09/01/1982

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-2350807

Applied For
 Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

DIGIUGNO, MARK A
 9 PINE COURT PLACE
 SILVER SPRINGS SHORES
 Ocala FL 34472-9048

10. Name and Address of New Registered Agent

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 D DELETE
 NAME NATALINO, THOMAS F.
 STREET ADDRESS 10745 S.E. MARICAMP ROAD
 CITY-ST-ZIP CANDLER FL 32111

1.1 TITLE D Change Addition
 1.2 NAME RAYMOND DEAFOR BAUGH
 1.3 STREET ADDRESS 10565 SE 131ST PLACE.
 1.4 CITY-ST-ZIP OCKLAWAHA FL. 32183

TITLE CD DELETE
 NAME JAMES, GEORGE
 STREET ADDRESS 12500 S.E. 115TH AVENUE
 CITY-ST-ZIP BELLEVUE FL 34420

2.1 TITLE e Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

TITLE TD DELETE
 NAME DIGIUGNO, MARK A
 STREET ADDRESS 9 PINE CT PL
 CITY-ST-ZIP Ocala FL 34472-9048

3.1 TITLE T.D. Change Addition
 3.2 NAME George James
 3.3 STREET ADDRESS 12500 SE 115TH AVE.
 3.4 CITY-ST-ZIP Belleview FL. 34420

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE: GEORGE JAMES George James 1/13/99 (352) 288-2571

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)