

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2002 8:00 am
Secretary of State

01-31-2002 90020 041 ****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 Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country
-----	---------	-----	---------

4. FEI Number 59-2350807	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) 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	
TITLE PT	<input checked="" type="checkbox"/> Delete
NAME GENTLE, JAMES	
STREET ADDRESS 12500 SE 115TH AVE.	
CITY-ST-ZIP BELLEVIEW FL 34420	
TITLE CD	<input type="checkbox"/> Delete
NAME JAMES, GEORGE	
STREET ADDRESS 12500 S.E. 115TH AVENUE	
CITY-ST-ZIP BELLEVIEW FL 34420	
TITLE TD	<input type="checkbox"/> Delete
NAME JAMES, GEORGE	
STREET ADDRESS 12500 SE 115TH AVE	
CITY-ST-ZIP BELLEVIEW FL 34420	
TITLE VD	<input type="checkbox"/> Delete
NAME NATALINO, THOMAS F	
STREET ADDRESS 10745 SE MARICAMP RD	
CITY-ST-ZIP CANDLER FL 32111	
TITLE D	<input checked="" type="checkbox"/> Delete
NAME HOUSE, FRANKLIN	
STREET ADDRESS 1128 HICKORY ROAD	
CITY-ST-ZIP OCALA FL 34472	
TITLE SD	<input checked="" type="checkbox"/> Delete
NAME EID, JOHN	
STREET ADDRESS 8 SILVER TER	
CITY-ST-ZIP OCALA FL 34472	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JAMES, George.	
STREET ADDRESS 12500 SE 115TH AVE	
CITY-ST-ZIP Belleview FL. 34420	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME D CLARK, JOHN	
STREET ADDRESS 365 LAKE DR	
CITY-ST-ZIP OCALA, FL. 34472	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 George James (CD) 352-288-2571
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)