

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 07, 2003 8:00 am**  
**Secretary of State**

01-07-2003 90023 022 \*\*\*\*61.25

**DOCUMENT # 764786**

1. Entity Name  
**SILVER SPRINGS SHORES CHRISTIAN CHURCH, INC.**

Principal Place of Business  
**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

4. FEI Number **59-2350807**

5. Certificate of Status Desired  **\$8.75** Additional Fee Required



**DEPARTMENT OF STATE  
FOR DEPOSIT ONLY  
AGCT # 1009068796**

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CHECK HERE IF MAKING CHANGES

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (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 Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<b>PT</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JAMES, GEORGE</b>	NAME	
STREET ADDRESS	<b>12500 SE 115TH AVE.</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>BELLEVIEW FL 34420</b>	CITY-ST-ZIP	
TITLE	<b>CD</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JAMES, GEORGE</b>	NAME	
STREET ADDRESS	<b>12500 S.E. 115TH AVENUE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>BELLEVIEW FL 34420</b>	CITY-ST-ZIP	
TITLE	<b>TD</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JAMES, GEORGE</b>	NAME	
STREET ADDRESS	<b>12500 SE 115TH AVE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>BELLEVIEW FL 34420</b>	CITY-ST-ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NATALINO, THOMAS F</b>	NAME	
STREET ADDRESS	<b>10745 SE MARICAMP RD</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>CANDLER FL 32111</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CLARK, JOHN</b>	NAME	
STREET ADDRESS	<b>365 LAKE DR</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>OCALA FL 34472</b>	CITY-ST-ZIP	
TITLE	<del>XXXXXXXXXX</del> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	<b>D JAMES AGATH</b>
STREET ADDRESS		STREET ADDRESS	<b>12621 SE SUNSET HARBOR RD</b>
CITY-ST-ZIP		CITY-ST-ZIP	<b>WEIRS DALE FL. 32195</b>

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*

CR2E037 (10/02)