

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000005951

1. Entity Name

FANNING SPRINGS COMMUNITY CHURCH, INC.

**FILED**  
**Apr 11, 2000 8:00 am**  
**Secretary of State**

04-11-2000 90231 038 \*\*\*\*61.25

Principal Place of Business

Mailing Address

17930 NW 90TH CT  
 TRENTON FL 32693

17930 NW 90TH CT  
 TRENTON FL 32693-7508

2. Principal Place of Business

3. Mailing Address

17930 NW 90th CT

17930 NW 90th CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
 Fanning Springs FL

City & State  
 Fanning Springs, FL

4. FEI Number  
 59-3573616

Applied For  
 Not Applicable

Zip  
 32693

Country

Zip  
 32693

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VAUGHN, DANIEL G  
 17930 NW 90TH CT  
 TRENTON FL 32693

Name  
 Daniel G. Vaughn

Street Address (P.O. Box Number is Not Acceptable)

8380 SE County Road 337

City  
 Trenton FL Zip Code  
 32693

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 Daniel G. Vaughn

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/5/00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 D  
 VAUGHN, DANIEL G  
 17930 NW 90TH CT  
 TRENTON FL 32693  Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 D  
 Daniel G Vaughn  
 8380 SE County Road 337  
 Trenton, FL 32693  Change  Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 D  
 LATHAM, KAREN  
 718 NE 7TH PL  
 TRENTON FL 32693  Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 Change  Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 D  
 BISS, RICHARD  
 8230 SW CR 232  
 TRENTON FL 32693  Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 Change  Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 D  
 JONES, DAVID L  
 8530 SW CR 232  
 TRENTON FL 32693  Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 Change  Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 Change  Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 Change  Addition

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 I am empowered.

SIGNATURE: SIGNATURE REQUIRED  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-00 (352) 463-3714  
 Date Daytime Phone #

CR2E037 (9/99)