

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N99000005951**

1. Entity Name

FANNING SPRINGS COMMUNITY CHURCH, INC.**FILED****Mar 26, 2001 8:00 am**
Secretary of State

03-26-2001 90012 020 ****61.25

0001436

Principal Place of Business

Mailing Address

**17930 NW 90TH CT
TRENTON FL 32693****17930 NW 90TH CT
TRENTON FL 32693**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3573616

Applied For

Not Applicable

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
8380 SE COUNTY ROAD 337
TRENTON FL 32693**

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

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
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **VAUGHN, DANIEL G**
STREET ADDRESS **8380 SE COUNTY ROAD 337**
CITY-ST-ZIP **TRENTON FL 32693**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **LATHAM, KAREN**
STREET ADDRESS **718 NE 7TH PL**
CITY-ST-ZIP **TRENTON FL 32693**TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **PO Box 1024, US Hwy 19 S.**
CITY-ST-ZIP **Trenton, FL 32693**TITLE **D** ☐ Delete
NAME **BISS, RICHARD**
STREET ADDRESS **8230 SW CR 232**
CITY-ST-ZIP **TRENTON FL 32693**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **JONES, DAVID L**
STREET ADDRESS **8530 SW CR 232**
CITY-ST-ZIP **TRENTON FL 32693**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☒ Addition
NAME **T Wendy M. Greene**
STREET ADDRESS **9139 Florida Street**
CITY-ST-ZIP **Fanning Springs, FL 32693**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)