35*3-*54*3-7483*

Daytime Phone #

2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Apr 11, 2002 8:00 am Secretary of State DOCUMENT # N9900005951 1. Entity Name FANNING SPRINGS COMMUNITY CHURCH, INC. 04-11-2002 90721 018 ****61.25 Principal Place of Business Mailing Address 17930 NW 90TH CT 17930 NW 90TH CT TRENTON FL 32693 TRENTON FL 32693 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number City & State City & State Applied For 59-3573616 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) VAUGHN, DANIEL G 8380 SE COUNTY ROAD 337 TRENTON FL 32693 Zip Code Fi 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) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 (9/01)TITLE TITLE ☐ Channe ☐ Addition ☐ Delete NAME NAME VAUGHN, DANIEL G STREET ADDRESS STREET ADDRESS 8380 SE COUNTY ROAD 337 CITY-ST-ZIP CITY-ST-ZIP TRENTON FL 32693 TITI F ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME LATHAM, KAREN STREET ADDRESS STREET ADDRESS PO BOX 1024 US HWY 19 S CITY-ST-ZIP CITY-ST-ZIP TRENTON FL 32693 TITLE ☐ Delete TITLE ☐ Change ☐ Addition VAME BISS, RICHARD NAME STREET ADDRESS STREET ADDRESS 8230 SW CR 232 CITY-ST-ZIP CITY-ST-ZIP TRENTON FL 32693 TITLE ☐ Delete ■ Addition NAME JONES, DAVID L NAME STREET ADDRESS STREET ADDRESS 8530 SW CR 232 CITY-ST-ZIP CITY-ST-ZIP TRENTON FL 32693 TITLE ☐ Delete ☐ Change Addition NAME GREENE, WENDY M NAME STREET ADDRESS STREET ADDRESS 9139 FLORIDA STREET CITY-ST-ZIP CITY-ST-ZIP FANNING SPRINGS FL 32693 TITLE ☐ Delete Addition ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE 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.

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR