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Feb 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morthland Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **763067** (6)

1. Corporation Name

SPRING HILL UNITED CHURCH OF CHRIST, INC.

Principal Place of Business

Mailing Address

**4244 MARINER BLVD.
SPRING HILL FL 34809**

**4244 MARINER BLVD.
SPRING HILL FL 34809-2471**



2. Principal Place of Business 21 Suite, Apt #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 04/30/1982	3a. Date of Last Report 03/21/1996
4. FEI Number 59-1908962		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<input type="checkbox"/> \$5.00 May Be Added to Fees		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LOOMIS, THOMAS
7435 HEATHER WALK DR
BROOKSVILLE FL 34613**

81 Name **Gordon Barrett**
 82 Street Address (P.O. Box Number is Not Acceptable)
18062 Carrollwood Dr.,
 83 **Spring Hill**
 84 City **FL** 85 Zip Code **34609**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Gordon Barrett* DATE 2/11/97
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE CTD <input checked="" type="checkbox"/> DELETE NAME DUST, DONALD B. STREET ADDRESS 11008 CASA GRANDE CIRCLE CITY-ST-ZIP SPRING HILL FL		1.1 TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.2 NAME Gordon Barrett 1.3 STREET ADDRESS 18062 Carrollwood Dr., 1.4 CITY-ST-ZIP Spring Hill, Fl. 34609	
TITLE D <input checked="" type="checkbox"/> DELETE NAME STOKINGER, ROBERT E. STREET ADDRESS 1010 HOOK DRIVE CITY-ST-ZIP SPRING HILL FL		2.1 TITLE TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2.2 NAME Edwin Alexander 2.3 STREET ADDRESS 900 N. Broad St., #4511 2.4 CITY-ST-ZIP Brooksville, Fl. 34601	
TITLE TD <input checked="" type="checkbox"/> DELETE NAME JOHNSON, ROSALIND STREET ADDRESS 9273 NORTHCLIFFE BLVD. CITY-ST-ZIP SPRING HILL FL		3.1 TITLE CTD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3.2 NAME Robert Bloss 3.3 STREET ADDRESS 2419 Lackland Ave 3.4 CITY-ST-ZIP Spring Hill, Fl. 34608	
TITLE TD <input checked="" type="checkbox"/> DELETE NAME HARRISON, KENNETH STREET ADDRESS 6181 OCEAN PINES LANE CITY-ST-ZIP SPRING HILL FL		4.1 TITLE TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4.2 NAME Anna Webber 4.3 STREET ADDRESS 2228 Lytham Court 4.4 CITY-ST-ZIP Spring Hill, Fl. 34606	
TITLE STD <input type="checkbox"/> DELETE NAME CHANDLER, RUTH STREET ADDRESS 13063 COUNTY LINE RD CITY-ST-ZIP SPRING HILL FL		5.1 TITLE TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5.2 NAME James Lawrence 5.3 STREET ADDRESS 9686 Southern Bell Dr., 5.4 CITY-ST-ZIP Brooksville, Fl. 34613	
TITLE CTP <input checked="" type="checkbox"/> DELETE NAME LOOMIS, THOMAS STREET ADDRESS 8534 HEATHER WALK DR CITY-ST-ZIP BROOKSVILLE FL		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Gordon Barrett* DATE 2-25-97 (302) 683-4870
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)