

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 03, 1999 8:00 am**  
**Secretary of State**

03-03-1999 90104 039 \*\*\*\*61.25

0071035

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

**DOCUMENT # 763067**

1. Corporation Name

**SPRING HILL UNITED CHURCH OF CHRIST, INC.**

Principal Place of Business

4244 MARINER BLVD.  
SPRING HILL FL 34609

Mailing Address

4244 MARINER BLVD.  
SPRING HILL FL 34609



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		04/30/1982	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-1908962	
24 Country		30 Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

**BARRETT, GORDON**  
18062 CARROLLWOOD DR  
SPRINGHILL FL 34609

10. Name and Address of New Registered Agent

81 Name	DUST, DONALD B.
82 Street Address (P.O. Box Number is Not Acceptable)	14460 MIDDLE FAIRWAY DR.
83 City	BROOKSVILLE
84 State	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

*Donald B. Dust*

2-17-99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D
NAME	BARRETT, GORDON	1.2 NAME	DUST, DONALD B.
STREET ADDRESS	18062 CARROLLWOOD DR	1.3 STREET ADDRESS	14460 MIDDLE FAIRWAY DR.
CITY-ST-ZIP	SPRING HILL FL	1.4 CITY-ST-ZIP	BROOKSVILLE, FLA. 34613
TITLE	TD	2.1 TITLE	
NAME	ALEXANDER, EDWIN	2.2 NAME	SAME
STREET ADDRESS	900 N BROAD ST., #4511	2.3 STREET ADDRESS	
CITY-ST-ZIP	BROOKSVILLE FL	2.4 CITY-ST-ZIP	
TITLE	CTD	3.1 TITLE	CTD
NAME	BLOSS, ROBERT	3.2 NAME	LAWRENCE, James
STREET ADDRESS	2419 LACKLAND AVE	3.3 STREET ADDRESS	9686 Southern Bell DR
CITY-ST-ZIP	SPRING HILL FL	3.4 CITY-ST-ZIP	Spring Hill, FLA. 34606
TITLE	TD	4.1 TITLE	TD
NAME	WEBBER, ANNA	4.2 NAME	MOFFATT, ALICE L.
STREET ADDRESS	2228 LYTHAM COURT	4.3 STREET ADDRESS	14819 Rialto Ave
CITY-ST-ZIP	SPRING HILL FL	4.4 CITY-ST-ZIP	BROOKSVILLE FLA 34613
TITLE	TD	5.1 TITLE	
NAME	LAWRENCE, JAMES	5.2 NAME	SCHUSTER, JOHN
STREET ADDRESS	9686 SOUTHERN BELL DR	5.3 STREET ADDRESS	2151 COACHMAN RD
CITY-ST-ZIP	BROOKSVILLE FL	5.4 CITY-ST-ZIP	SPRING HILL, FLA 34608
TITLE	S	6.1 TITLE	
NAME	CASS, JAMES	6.2 NAME	SAME
STREET ADDRESS	489 N TURKEY PINE LOOP	6.3 STREET ADDRESS	
CITY-ST-ZIP	LECANTO FL 34461	6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: *No SIGNATURE REQUIRED*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-17-99 352-799-2426

Date

Daytime Phone #

CR2E037 (11/98)