1/19/00-90102-043-$61.25-$61.25

DOCUMENT # 728029

1. Entity Name

FIRST BAPTIST CHURCH, INC., OF SPRING HILL, FLOR

FILED

00 FEB 25 AM 9:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000003158

Principal Place of Business	Mailing Address
LL. FLORIDA 7279 PINEHURST DRIVE SPRING HILL FL 34606	LL. FLORIDA 7279 PINEHURST DRIVE SPRING HILL FL 34606-6153

DO NOT WRITE IN THIS SPACE

1/19/00 90102 043 $61.25

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 59-2394603 ☐ 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
ZAHARE, TERRY KATHLEEN 3439 DOTHAN AVE SPRING HILL FL 34609	Name: Stevens, Frances Street Address (P.O. Box Number is Not Acceptable): 7501 Dearborn Ave. City: Brooksville, FL FL 34613

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ZAHARE, TERRY KATHLEEN 3439 DOTHAN AVE SPRING HILL FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Stevens, Frances 7501 Dearborn Ave., Brooksville, FL 34613	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ZAHARE, STEPHEN L. 3439 DOTHAN AVE SPRING HILL FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Fightmaster, Dr. Chuck 6017 Schalekamp Dr. Spring Hill, FL 34609	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD RUTHERFORD, NELLIE 434 BRIARWOOD LANE SPRING HILL FL	☐ 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
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

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: Frances B. Stevens 1-13-00 352-683-2863
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Frances B. Stevens