

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90199 027 ****61.25

DOCUMENT # 733649

1. Entity Name

SPRING HILL CHURCH OF THE NAZARENE, INC.



Principal Place of Business

**9600 CENTURY DRIVE
SPRING HILL FL 34608**

Mailing Address

**9600 CENTURY DRIVE
SPRING HILL FL 34608**

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 **59-6537859**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**SCHNEIDMILLER, DALE O
9600 CENTURY DR.
SPRING HILL FL 34608**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|----------------------|--|
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | FEUDI, ERNIE | |
| STREET ADDRESS | 6229 LORRAINE LN | |
| CITY-ST-ZIP | SPRING HILL FL 34608 | |
| TITLE | SD | <input checked="" type="checkbox"/> Delete |
| NAME | JOHNSON, JIM | |
| STREET ADDRESS | 7408 HIAWATHA PKWY | |
| CITY-ST-ZIP | SPRING HILL FL 34608 | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | BREEN, MARGARET | |
| STREET ADDRESS | 9224 MICHIGAN AVENUE | |
| CITY-ST-ZIP | BROOKSVILLE FL 34613 | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | HORNER, BILL | |
| STREET ADDRESS | 11608 LINDEN DR | |
| CITY-ST-ZIP | SPRING HILL FL 34608 | |
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | BRUCE, HARRIET | |
| STREET ADDRESS | 6200 LAYTON AVE | |
| CITY-ST-ZIP | SPRING HILL FL 34608 | |
| TITLE | T | <input checked="" type="checkbox"/> Delete |
| NAME | SANTIAGO, LYDRIA | |
| STREET ADDRESS | 4433 CHAMBER CT | |
| CITY-ST-ZIP | BROOKSVILLE FL 34609 | |

| | | |
|----------------|------------------------|--|
| TITLE | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Barbara Davis | |
| STREET ADDRESS | 2210 Marietta Ave. | |
| CITY-ST-ZIP | Spring Hill, FL 34608 | |
| TITLE | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Jacque Herbertson | |
| STREET ADDRESS | 8365 Weatherford Ave. | |
| CITY-ST-ZIP | Brooksville, FL 34613 | |
| TITLE | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Marilyn Snakenberg | |
| STREET ADDRESS | 8027 Folkstone St. | |
| CITY-ST-ZIP | Weeki Wachee, FL 34613 | |
| TITLE | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Dave Herbertson | |
| STREET ADDRESS | 8365 Weatherford Ave. | |
| CITY-ST-ZIP | Brooksville, FL 34613 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED

4/24/03 352-683-1945

CR2E037 (10/02)