

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 22, 2005 08:00 AM
Secretary of State

DOCUMENT # 741636

1. Entity Name
**FIRST CHRISTIAN CHURCH OF HOMOSASSA SPRINGS,
FLORIDA, INC.**



Principal Place of Business
**7030 W GROVER CLEVELAND BLVD
HOMOSASSA SPRINGS, FL 34446 US**

Mailing Address
**GROVER CLEVELAND BLVD.
PO BOX 1806
HOMOSASSA SPRINGS, FL 34447 US**



04162005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1880617	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SIVIA, GLEN
4116 W. OAKLAND STREET
LECANTO, FL 34461**

**DO NOT WRITE
IN THIS SPACE**

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: X Glenn L Sivia
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

Glenn L. Sivia 4/19/05
DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	RIDDLE, LINDELL
STREET ADDRESS	2210 S WIGWAM POINT
CITY- ST- ZIP	HOMASASSA, FL 34448

TITLE	D
NAME	SIVIA, GLEN
STREET ADDRESS	4116 W OAKLAWN ST
CITY- ST- ZIP	LECANTO, FL 34461

TITLE	D
NAME	BRICKEY, LEE
STREET ADDRESS	4748 S ORCHARD TERRACE
CITY- ST- ZIP	HOMOSASSA, FL 34446

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

U000000324277
04/22/05-80088-003 70.00

**DO NOT WRITE
IN THIS SPACE**

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: X Glenn L Sivia
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Glenn L. Sivia 4/19/05 (352) 1-228-5556
Date Daytime Phone #