

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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 34609** **4244 MARINER BLVD.
SPRING HILL FL 34609**

3. Date Incorporated or Qualified 3a. Date of Last Report
04/30/1982 **02/20/1995**

4. FEI Number Applied For
59-1908962 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 26

Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27

City & State City & State
23 28

Zip Country Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
**DUST, DONALD B.
11008 CASA GRANDE CIRCLE
SPRING HILL FL 34606**

10. Name and Address of New Registered Agent
81 Name **Thomas Loomis**
82 Street Address (P.O. Box Number is Not Acceptable)
7534 Heather Walk Dr.
83
84 City **Brooksville** FL 85 Zip Code **34613**

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 *Thomas C. Loomis* (Thomas C. Loomis) 3/18/96
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS DELETE

TITLE	CTD	<input type="checkbox"/> DELETE
NAME	DUST, DONALD B.	
STREET ADDRESS	11008 CASA GRANDE CIRCLE	
CITY-ST-ZIP	SPRING HILL FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STOKINGER, ROBERT E.	
STREET ADDRESS	1010 HOOK DRIVE	
CITY-ST-ZIP	SPRING HILL FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	JOHNSON, ROSALIND	
STREET ADDRESS	9273 NORTHCLIFFE BLVD.	
CITY-ST-ZIP	SPRING HILL FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	HARRISON, KENNETH	
STREET ADDRESS	6181 OCEAN PINES LANE	
CITY-ST-ZIP	SPRING HILL FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	CHANDLER, RUTH	
STREET ADDRESS	13063 COUNTY LINE RD	
CITY-ST-ZIP	SPRING HILL FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CTP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Thomas Loomis	
1.3 STREET ADDRESS	7534 Heather Walk Drive	
1.4 CITY-ST-ZIP	Brooksville, FL 34613	
2.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Stokinger, Robert E.	
2.3 STREET ADDRESS	1010 Hook Drive	
2.4 CITY-ST-ZIP	Spring Hill, FL 34608	
3.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Anna Webber	
3.3 STREET ADDRESS	2228 Lytham Court	
3.4 CITY-ST-ZIP	Spring Hill, FL 34606	
4.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Robert Bloss	
4.3 STREET ADDRESS	2419 Lackland Avenue	
4.4 CITY-ST-ZIP	Spring Hill, FL 34608	
5.1 TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Jean Terry	
5.3 STREET ADDRESS	8149 Shorecrest Court	
5.4 CITY-ST-ZIP	Spring Hill, FL 34606	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: **Anna L. Webber, Treasurer** 3/18/96 352 683-4870
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E037 (12/95)