

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 19 1997 8:00am  
Secretary of State

|   |   |  |
|---|---|--|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Morthoff</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|--|

**DOCUMENT # 763067 (6)**

1. Corporation Name  
**SPRING HILL UNITED CHURCH OF CHRIST, INC.**



|   |  |
|---|--|
| Principal Place of Business<br><b>4244 MARINER BLVD.<br/>SPRING HILL FL 34809</b> | Mailing Address<br><b>4244 MARINER BLVD.<br/>SPRING HILL FL 34809-2471</b> |
|---|--|

|   |                       |   |  |
|---|-----------------------|---|--|
| 2. Principal Place of Business                  | 2a. Mailing Address   | 3. Date Incorporated or Qualified<br><b>04/30/1982</b>                          | 3a. Date of Last Report<br><b>03/21/1996</b> |
| 21 Suite, Apt #, etc.                           | 26 Suite, Apt #, etc. | 4. FEI Number<br><b>59-1908962</b>  | Applied For<br>Not Applicable                |
| 22 City & State                                 | 27 City & State       | 5. Certificate of Status Desired <input type="checkbox"/>                       | <b>\$8.75</b> Additional Fee Required        |
| 23 Zip  | 28 Country            | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | <b>\$5.00</b> May Be Added to Fees           |
| 24 Zip  | 25 Country            | 29 Zip  | 30 Country                                   |
| 9. Name and Address of Current Registered Agent |                       | 10. Name and Address of New Registered Agent                                    |  |

**LOOMIS, THOMAS**  
**7435 HEATHER WALK DR**  
**BROOKSVILLE FL 34613**

81 Name  
**Gordon Barrett**

82 Street Address (P.O. Box Number is Not Acceptable)  
**18062 Carrollwood Dr.,**

83 **Spring Hill**

84 City

85 Zip Code  
**FL 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: Gordon Barrett DATE: 2/11/97

| 12. OFFICERS AND DIRECTORS                        |                                      | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|---|--------------------------------------|---|--|
| TITLE<br><b>CTD</b>                               | NAME<br><b>DUST, DONALD B.</b>       | 1.1 TITLE<br><b>D</b>                                 | NAME<br><b>Gordon Barrett</b>                        |
| STREET ADDRESS<br><b>11008 CASA GRANDE CIRCLE</b> | CITY-ST-ZIP<br><b>SPRING HILL FL</b> | 1.2 NAME  | 1.3 STREET ADDRESS<br><b>18062 Carrollwood Dr.,</b>  |
|   |                                      | 1.4 CITY-ST-ZIP                                       | <b>Spring Hill, Fl. 34609</b>                        |
| TITLE<br><b>D</b>                                 | NAME<br><b>STOKINGER, ROBERT E.</b>  | 2.1 TITLE<br><b>TD</b>                                | NAME<br><b>Edwin Alexander</b>                       |
| STREET ADDRESS<br><b>1010 HOOK DRIVE</b>          | CITY-ST-ZIP<br><b>SPRING HILL FL</b> | 2.2 NAME  | 2.3 STREET ADDRESS<br><b>900 N. Broad St., #4511</b> |
|   |                                      | 2.4 CITY-ST-ZIP                                       | <b>Brooksville, Fl. 34601</b>                        |
| TITLE<br><b>TD</b>                                | NAME<br><b>JOHNSON, ROSALIND</b>     | 3.1 TITLE<br><b>CTD</b>                               | NAME<br><b>Robert Bloss</b>                          |
| STREET ADDRESS<br><b>9273 NORTHCLIFFE BLVD.</b>   | CITY-ST-ZIP<br><b>SPRING HILL FL</b> | 3.2 NAME  | 3.3 STREET ADDRESS<br><b>2419 Lackland Ave</b>       |
|   |                                      | 3.4 CITY-ST-ZIP                                       | <b>Spring Hill, Fl. 34608</b>                        |
| TITLE<br><b>TD</b>                                | NAME<br><b>HARRISON, KENNETH</b>     | 4.1 TITLE<br><b>TD</b>                                | NAME<br><b>Anna Webber</b>                           |
| STREET ADDRESS<br><b>6181 OCEAN PINES LANE</b>    | CITY-ST-ZIP<br><b>SPRING HILL FL</b> | 4.2 NAME  | 4.3 STREET ADDRESS<br><b>2228 Lytham Court</b>       |
|   |                                      | 4.4 CITY-ST-ZIP                                       | <b>Spring Hill, Fl. 34606</b>                        |
| TITLE<br><b>STD</b>                               | NAME<br><b>CHANDLER, RUTH</b>        | 5.1 TITLE<br><b>TD</b>                                | NAME<br><b>James Lawrence</b>                        |
| STREET ADDRESS<br><b>13083 COUNTY LINE RD</b>     | CITY-ST-ZIP<br><b>SPRING HILL FL</b> | 5.2 NAME  | 5.3 STREET ADDRESS<br><b>9686 Southern Bell Dr.,</b> |
|   |                                      | 5.4 CITY-ST-ZIP                                       | <b>Brooksville, Fl. 34613</b>                        |
| TITLE<br><b>CTP</b>                               | NAME<br><b>LOOMIS, THOMAS</b>        | 6.1 TITLE   |  |
| STREET ADDRESS<br><b>8534 HEATHER WALK DR</b>     | CITY-ST-ZIP<br><b>BROOKSVILLE FL</b> | 6.2 NAME  |  |
|   |                                      | 6.3 STREET ADDRESS                                    |  |
|   |                                      | 6.4 CITY-ST-ZIP                                       |  |

14. I do 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.

SIGNATURE: Gordon Barrett DATE: 1-25-97 (302) 683-4870

CR2E037 (9/96)