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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 763067

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

Principal Place of Business 4244 MARINER BLVD. SPRING HILL FL 34609	Mailing Address 4244 MARINER BLVD. SPRING HILL FL 34609
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 04/30/1982
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1908962
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent BARRETT, GORDON 18062 CARROLLWOOD DR SPRINGHILL FL 34609	10. Name and Address of New Registered Agent 81 Name: DUST, DONALD B. 82 Street Address (P.O. Box Number is Not Acceptable): 14460 MIDDLE FAIRWAY DR. 83 84 City: Brooksville FL 85 Zip Code: 34609
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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: *Donald B. Dust* DATE: 2-17-99

Signature, typed or printed name of registered agent and agent, if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D NAME: BARRETT, GORDON STREET ADDRESS: 18062 CARROLLWOOD DR CITY-ST-ZIP: SPRING HILL FL	<input checked="" type="checkbox"/> DELETE	1.1 TITLE: D 1.2 NAME: DUST, DONALD B. 1.3 STREET ADDRESS: 14460 MIDDLE FAIRWAY DR. 1.4 CITY-ST-ZIP: Brooksville, Fla. 34613	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TD NAME: ALEXANDER, EDWIN STREET ADDRESS: 900 N BROAD ST., #4511 CITY-ST-ZIP: BROOKSVILLE FL	<input type="checkbox"/> DELETE	2.1 TITLE: SAME 2.2 NAME: SAME 2.3 STREET ADDRESS: SAME 2.4 CITY-ST-ZIP: SAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: CTD NAME: BLOSS, ROBERT STREET ADDRESS: 2419 LACKLAND AVE CITY-ST-ZIP: SPRING HILL FL	<input checked="" type="checkbox"/> DELETE	3.1 TITLE: CTD 3.2 NAME: LAWRENCE, James 3.3 STREET ADDRESS: 9686 Southern Bell DR 3.4 CITY-ST-ZIP: Spring Hill, FLA. 34606	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TD NAME: WEBBER, ANNA STREET ADDRESS: 2228 LYTHAM COURT CITY-ST-ZIP: SPRING HILL FL	<input checked="" type="checkbox"/> DELETE	4.1 TITLE: TD 4.2 NAME: MOFFATT, ALBERT L. 4.3 STREET ADDRESS: 14819 Rialto Ave 4.4 CITY-ST-ZIP: Brooksville Fla 34613	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TD NAME: LAWRENCE, JAMES STREET ADDRESS: 9686 SOUTHERN BELL DR CITY-ST-ZIP: BROOKSVILLE FL	<input checked="" type="checkbox"/> DELETE	5.1 TITLE: Schuster, John 5.2 NAME: Schuster, John 5.3 STREET ADDRESS: 2151 COACHMAN RD 5.4 CITY-ST-ZIP: SPRING HILL, Fla 34608	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: S NAME: CASS, JAMES STREET ADDRESS: 489 N TURKEY PINE LOOP CITY-ST-ZIP: LECANTO FL 34461	<input type="checkbox"/> DELETE	6.1 TITLE: SAME 6.2 NAME: SAME 6.3 STREET ADDRESS: SAME 6.4 CITY-ST-ZIP: SAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. 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 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, with all other like empowered.

SIGNATURE: *No SIGNATURE REQUIRED* DATE: 2-17-99 DAYTIME PHONE #: 352-799-2426

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)