



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2006 8:00 am
Secretary of State

02-15-2006 90030 006 ****61.25

DOCUMENT # 763067 1. Entity Name SPRING HILL UNITED CHURCH OF CHRIST, INC.					
Principal Place of Business 4244 MARINER BLVD. SPRING HILL, FL 34609-2471			Mailing Address 4244 MARINER BLVD. SPRING HILL, FL 34609-2471		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		02012006 Chg-NP CR2E037 (11/05)	
4. FEI Number 59-1908962		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MEYER, LAWRENCE J. 2260 PRINCE CHARLES CT SPRING HILL, FL 34606		7. Name and Address of New Registered Agent Name MC ELROY HAZEL Street Address (P.O. Box Number is Not Acceptable) 8575 EZELETRA AVE City BROOKSVILLE FL Zip Code 34613			
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 <i>X Vincent J. Battaglia</i> (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY-ST-ZIP	T BATTAGLIA, VINCENT 8816 HIGH POINT BLVD BROOKSVILLE, FL 34613	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MC ELROY, HAZEL 8575 EZELETRA AVE BROOKSVILLE, FL 34613	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CTD DUST, DON 14460 MIDDLE FAIRWAY DR SPRING HILL, FL 34609	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FS NIEMANN, ELDON A 400 EDISON ST SPRING HILL, FL 34608	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BARKER, JUDITH 2152 DANWOOD DR SPRING HILL, FL 34606	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PISCIOTTA, MARIE 3042 LACKLAND AVE SPRING HILL, FL 34608	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GIBSON, ANNABELLE 11603 MCLEOD ST. SPRING HILL, FL 34609	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CTD MIHALUS, ROBERT 8432 GALLUP ROAD SPRING HILL, FL 34609	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Vincent J. Battaglia</i> VINCENT J. BATTAGLIA 2/10/06 352-683-4870					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					