2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 763067

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

FILED
07 OCT 17 AM 10:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
4244 MARINER BLVD. SPRING HILL, FL 34609-2471	4244 MARINER BLVD. SPRING HILL, FL 34609-2471

REINSTATEMENT 07

101 H07 ADM MP CR2E099 (1/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number
59-1908962
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MCELROY, HAZEL 8575 ELECTRA AVE BROOKSVILLE, FL 34613	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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

FILE NOW!!! FEE IS $61.25 **After January 1, 2008, Fee will be $122.50**	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	**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	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 900110897519 10/17/07--01038--004 **61.25
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD GIBSON, ANNABELLE 11603 MCLEOD ST SPRING HILL, FL 34609	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CTD Lawrence Meyer 2260 Prince Charles Court Spring Hill, FL 34606 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CTD MAHALUS, ROGER 8432 CALLUP ROAD SPRING HILL, FL 34609	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	10/18 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	FS NIEMANN, ELDON A 400 EDISON ST SPRING HILL, FL 34608	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S PISCIOTTA, MARIE 3042 LACKLAND AVE SPRING HILL, FL 34608	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Sec/Clk Annabelle Gibson 1198 Springfield Drive Spring Hill, FL 34609 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: Lawrence J Meyer 10-11-07 352-666-4724
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #