2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 764556



FILED Mar 19, 2003 8:00 am Secretary of State

1. Entity N		ARD CHURCH OF	03-19-2003 90092 049 ****61.25								
11025 RIPLEY STREET 11025 P.O. BOX 3503 P.O. E SPRING HILL FL 34606 SPRIN				iling Address 5 RIPLEY STREET BOX 3503 NG HILL FL 34606							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			ĺ	CHECK HERE IF MA				
City & State C			city & State			4. FEI Number 59-2868614 Applied For				\Box	
Zip		Country	Zip)	Country		5. Certificate of S	tatus Desired	\$8.75 Ac	lot Applicable	;
6. Name and Address of Current Registere				d Agent	L		7. Name and Add	iress of New Registe	Fee Requir	ea	4
			-		Name						4
BAIRD, WES 2336 LAKE FOREST AVE							P.O. Box Number is I	Not Acceptable)			1
SPRING	HILL FL 346	09									1
P. The above	to person and it				City				FL Zip Coo		1
the obliga	ations of registe	submits this statement for ered agent.	r the purpo	ose of changing its	registered office (or registere	ed agent, or both, in	the State of Florida.	am familiar with	and accept	1
SIGNATURE		or printed name of registered agent a	and title if appli	cable (NOTE	: Registered Agent signs						
		•		<u> </u>		Adie required s	when reinstating)	D.	ATE:		$\left\{ \right.$
FILE NOW: FEE IS \$61.25			9. Election Campaign Financing Trust Fund Contribution.			\$5.00 May Be Added to Fees Make Check Payable to Florida Department of State					
10.		OFFICERS AND DIR	ECTORS		11.	AI	DDITIONS/CHANGE	S TO OFFICERS AND	DIRECTORS	140	1
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JOHNSON, 1477 N FAY SPRING HIL	ETTEVILLE DR.		☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP	S	·	S TO OFFICERS AND	Change	☐ Addition	37 (10/02)
TITLE NAME STREET ADDRESS CITY _S ST-ZIP	DS PERRY, KIM MARY'S FIS SPRING HIL	SH CAMP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D			⊠ Change	☐ Addition	CBOEC
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Guentelle H Pinehurst Dr	-	☐ Delete	TITLE NAME STREET ADDRESS		پيونسوند		Change	Addition -	_
TITLE	DT Baird, Wes	FOREST AVE		☐ Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS			· · · · · · · · · · · · · · · · · · ·	☐ Change	☐ Addition	
ITLE IAME TREET ADDRESS ITY-ST-ZIP	or rund nil	L 11 34609		☐ Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition	
ITLE AME TREET ADDRESS ITY-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 exemption stated in Section 119.07(3)(i), 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

SIGNATURE:

3/13/03 (352)688-7901