

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 31, 2002 8:00 am
Secretary of State

07-31-2002 90102 046 ****61.25

DOCUMENT # N00000004934

1. Entity Name

SPRING HILL COMMUNITY CHURCH, INC.

Principal Place of Business

Mailing Address

**13118 LINDEN DR
 SPRING HILL FL 34609**

**13118 LINDEN DR
 SPRING HILL FL 34609**

00132852

2. Principal Place of Business

**5164 COMMERCIAL
 WAY**

3. Mailing Address

SAME

City & State

SPRING HILL FL

City & State

Zip

34606

Country

HERNANDO USA

Country

4. FEI Number

59-3673539

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**WELLS, CHRISTOPHER J
 13118 LINDEN DR
 SPRING HILL FL 34609**

7. Name and Address of New Registered Agent

Name

SAME

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

Christopher J Wells

(NOTE: Registered Agent signature required when reinstating)

7-27-02

DATE

**After September 13, 2002,
 min. will be \$236.25.**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
 NAME **WELLS, CHRISTOPHER J**
 STREET ADDRESS **13118 LINDEN DR**
 CITY-ST-ZIP **SPRING HILL FL 34609**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **STRAYER, WILLIAM S**
 STREET ADDRESS **8120 MOON LIGHT LANE**
 CITY-ST-ZIP **NEW PORT RICHEY FL 34654**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **FORAN, RANDY D**
 STREET ADDRESS **7650 BRISTOL CT**
 CITY-ST-ZIP **ST PETERSBURG FL 33709**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 STREET ADDRESS
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TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Christopher J Wells

7-27-02

727-938-2222

CR2E037 (4/02)