

FILE NOW: FILING FEE IS \$61.25

FILED

May 08 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N14942** (9)

1. Corporation Name

**FAITH EVANGELICAL FREE CHURCH OF SPRING HILL, IN
C.**



Principal Place of Business

Mailing Address

**5338 FREEPORT DR.
SPRING HILL FL 34606-1218
US**

**5338 FREEPORT DR
SPRING HILL FL 34606-1218
US**

3. Date Incorporated or Qualified
04/30/1986

3a. Date of Last Report
04/09/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

4. FEI Number

59-2712250

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CARTER, JOHN S
7255 BIG BEND DRIVE
SPRING HILL FL 34606**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	LEVEY, CLARENCE	<input checked="" type="checkbox"/>
STREET ADDRESS	6189 BURNING TREE LN	
CITY-ST-ZIP	SPRING HILL FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PD
1.3 STREET ADDRESS	MARRISON, LELAND
1.4 CITY-ST-ZIP	11361 BEECHDALE AVE SPRING HILL FL

TITLE	VD	<input type="checkbox"/> DELETE
NAME	SMITH, LESLIE	<input checked="" type="checkbox"/>
STREET ADDRESS	485 SAVOY CT	
CITY-ST-ZIP	SPRING HILL FL	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VD
2.3 STREET ADDRESS	VORELAND, EGIL
2.4 CITY-ST-ZIP	2500 STANTON AVE, SPRING HILL FL

TITLE	TD	<input type="checkbox"/> DELETE
NAME	MARRISON, LELAND	<input checked="" type="checkbox"/>
STREET ADDRESS	11361 BEECHDALE AVE	
CITY-ST-ZIP	SPRING HILL FL	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	TD
3.3 STREET ADDRESS	NELSON, MARYANN
3.4 CITY-ST-ZIP	3070 GLORIA AVE SPRING HILL FL

TITLE	SD	<input type="checkbox"/> DELETE
NAME	ARMITAGE, WILLIAM	<input checked="" type="checkbox"/>
STREET ADDRESS	13083 COUNTY LINE RD	
CITY-ST-ZIP	SPRING HILL FL	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	SD
4.3 STREET ADDRESS	SMITH, LESLIE
4.4 CITY-ST-ZIP	485 SAVOY CT, SPRING HILL, FL

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: *Maryann Nelson* **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TREASURER
MARYANN NELSON

Daytime Phone # **0066417**

CR2E037 (9/96)