

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 01, 2001 8:00 am
Secretary of State

03-01-2001 91343 029 ****61.25

DOCUMENT # N14942

1. Entity Name

FAITH EVANGELICAL FREE CHURCH OF SPRING HILL, IN

Principal Place of Business

Mailing Address

5338 FREEPORT DR.
SPRING HILL FL 34606-1218
US

5338 FREEPORT DR
SPRING HILL FL 34616-1218
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2712250

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

HECKLER, CHARLES M.
2529 STANTON AVENUE
SPRING HILL FL 34609

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.

SIGNATURE

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

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 PD
NAME MENCE, EDGAR
STREET ADDRESS 7418 DUNDEE WAY
CITY-ST-ZIP WEECHI WACHEE FL ☐ Delete

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

TITLE VD
NAME JAMES, WILLIAM
STREET ADDRESS 5269 GWEN LN
CITY-ST-ZIP SPRING HILL FL ☐ Delete

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

TITLE TD
NAME NELSON, MARYANN
STREET ADDRESS 3070 GLORIA AVE.
CITY-ST-ZIP SPRING HILL FL ☒ Delete

TITLE TD
NAME LEE WASSON
STREET ADDRESS 7384 BLUE SKIES DR.
CITY-ST-ZIP SPRING HILL, FL 34606 ☒ Change ☐ Addition

TITLE SD
NAME BARND, ROBERT
STREET ADDRESS 2339 RENTON AVE
CITY-ST-ZIP SPRING HILL FL ☐ Delete

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
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:

Lee Wasson

LEE WASSON

2/26/01 352-688-4427

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)