

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2002 8:00 am**  
**Secretary of State**

04-30-2002 90066 037 \*\*\*\*61.25

**DOCUMENT # N14942**

1. Entity 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 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 **MENCE, EDGAR**

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

**7418 DUNDEE WAY**

City **WEEKI WACHEE**

**FL**

Zip Code **34613**

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

*Edgar Mence*

**EDGAR MENCE**

**4/14/2002**

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** ☒ Delete  
 NAME **MENCE, EDGAR**  
 STREET ADDRESS **7418 DUNDEE WAY**  
 CITY-ST-ZIP **WEEKI WACHEE FL**

TITLE ☒ Change ☐ Addition  
 NAME **CAMPBELL, DAVID**  
 STREET ADDRESS **8276 GARRISON ST.**  
 CITY-ST-ZIP **SPRING HILL, FL. 34606**

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

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

TITLE **TD** ☐ Delete  
 NAME **WASSON, LEE**  
 STREET ADDRESS **7384 BLUE SKIES DR**  
 CITY-ST-ZIP **SPRING HILL FL 34606**

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

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

TITLE ☒ Change ☐ Addition  
 NAME **SHIPP, RICHARD**  
 STREET ADDRESS **10227 HOOPER ST.**  
 CITY-ST-ZIP **SPRING HILL, FL. 34608**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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:

*Lee Wasson* **LEE WASSON** **2/14/2002** **352-688-4427**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)