

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N27323

Entity Name: HOMOSASSA SPRINGS CHURCH OF CHRIST, INC.

FILED
Feb 28, 2007
Secretary of State

VOID

Current Principal Place of Business:3750 S MISSOURI DRIVE
HOMOSASSA SPRINGS, FL 34447 US**New Principal Place of Business:****Current Mailing Address:**PO BOX 4495
HOMOSASSA SPRINGS, FL 34447**New Mailing Address:**

FEI Number: 59-2900462

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:AUSTIN, TROY R
7295 S. MAXWELL PT.
HOMOSASSA, FL 34446 US**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: T () Delete
Name: AUSTIN, TROY R
Address: 7295 S. MAXWELL PT.
City-St-Zip: HOMASASSA, FL 34446Title: VP () Delete
Name: RALPH, YEAGER
Address: 3740 S. EASTPARK WAY
City-St-Zip: HOMOSASSA SPRINGS, FL 34448Title: S () Delete
Name: MAYNARD, PHILLIP G
Address: 8308 OAKGREN RD.
City-St-Zip: BROOKSVILLE, FL 34601Title: C () Delete
Name: KOONTZ, FLOYD
Address: 8430 W. PARK SPRINGS PL
City-St-Zip: HOMOSASSA, FL 34448**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:

Filed amended annual report in error
with no changes

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TROY R. AUSTIN

RA

02/28/2007

Electronic Signature of Signing Officer or Director

Date