

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27323

FILED  
Apr 03, 2009  
Secretary of State

**Entity Name:** HOMOSASSA SPRINGS CHURCH OF CHRIST, INC.

**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 34446

Title: VP ( ) Delete  
Name: RALPH, YEAGER  
Address: 3740 S. EASTPARK WAY  
City-St-Zip: HOMOSASSA SPRINGS, FL 34448

Title: S ( ) Delete  
Name: MAYNARD, PHILLIP G  
Address: 8308 OAKGREN RD.  
City-St-Zip: BROOKSVILLE, FL 34601

Title: 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:

I hereby certify that the information supplied with this filing does not qualify 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 AUSITN

T

04/03/2009

Electronic Signature of Signing Officer or Director

Date