


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 19 1997 8:00am  
Secretary of State

•NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N32643** (1)  
 1. Corporation Name  
**EMMANUEL CHRISTIAN CHURCH OF SPRING HILL, INC.**



Principal Place of Business <b>% WILLIAM C. WILSON 275 DELLA COURT SPRING HILL FL 34806-1832</b>	Mailing Address <b>% WILLIAM C. WILSON 275 DELLA COURT SPRING HILL FL 34806-5358</b>
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3. Date Incorporated or Qualified <b>06/01/1989</b>	3a. Date of Last Report <b>06/05/1996</b>
4. FEI Number <b>59-2961596</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent <b>WILSON, WILLIAM C. 275 DELLA COURT SPRING HILL FL 34806</b>	10. Name and Address of New Registered Agent 81 Name <b>David Barry</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>5072 Sycamore Court</b> 83 84 City <b>Spring Hill</b> FL 85 Zip Code <b>34607</b>
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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 *David Barry* **David Barry** January 14, 1997  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P DAVID BARRY 5072 SYCAMORE CT. SPRING HILL FL</b> <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<b>Director David Love 1102 Newcomb Avenue Spring Hill, FL. 34608</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>TT BETTIE FITZPATRICK 7610 GATES CIRCLE SPRING HILL FL</b> <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<b>Director Carl Zooberg 7265 Royal Oak Drive Spring Hill, FL. 34607</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>T LICATA, RICHARD 12281 CENTER DR. SPRING HILL FL 34809</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<b>Director Bret Trowell 14726 Elmont Avenue Spring Hill, FL. 34610</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S EVELYN ANTONIEWICZ 298 GALAXY AVE. SPRING HILL FL</b> <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>T SUSAN ZOOBERG 7265 ROYAL OAK DRIVE SPRING HILL FL</b> <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *David Barry* **David Barry** January 14, 1997  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E037 (9/96)