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Feb 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 % WILLIAM C. WILSON 275 DELLA COURT SPRING HILL FL 34606-1932	Mailing Address % WILLIAM C. WILSON 275 DELLA COURT SPRING HILL FL 34606-1932
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 06/01/1989	4. FEI Number 59-2961596	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent WILSON, WILLIAM C. 275 DELLA COURT SPRING HILL FL 34606	10. Name and Address of New Registered Agent 81 Name BARRY, DAVID M. 82 Street Address (P.O. Box Number is Not Acceptable) 275 DELLA CT. 83 84 City SPRING HILL 85 Zip Code FL 34606
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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 M. Barry**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	D
NAME	DAVID BARRY	1.2 NAME	John J. Ell, Jr.
STREET ADDRESS	5072 SYCAMORE CT.	1.3 STREET ADDRESS	8978 Jena Rd.
CITY-ST-ZIP	SPRING HILL FL	1.4 CITY-ST-ZIP	Spring Hill, Fl. 34606
TITLE	TI	2.1 TITLE	T
NAME	BETTIE FITZPATRICK	2.2 NAME	Carrie A. Morton
STREET ADDRESS	7610 GATES CIRCLE	2.3 STREET ADDRESS	7233 Royal Oak Dr.
CITY-ST-ZIP	SPRING HILL FL	2.4 CITY-ST-ZIP	Spring Hill, Fl. 34607
TITLE	D	3.1 TITLE	
NAME	TROWELL, BRET	3.2 NAME	
STREET ADDRESS	14728 ELMONT AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL FL	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	
NAME	EVELYN ANTONIEWICZ	4.2 NAME	
STREET ADDRESS	298 GALAXY AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL FL	4.4 CITY-ST-ZIP	
TITLE	T	5.1 TITLE	
NAME	SUSAN ZOOBERG	5.2 NAME	
STREET ADDRESS	7265 ROYAL OAK DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	LOVE, DAVID	6.2 NAME	
STREET ADDRESS	1102 NEWCOMB AVENUE	6.3 STREET ADDRESS	
CITY-ST-ZIP	SPRINGHILL FL	6.4 CITY-ST-ZIP	

14. 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 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 M. Barry** 2/5/98 (352) 683-0083

CR2E037 (10/97)