


FILE NOW: FILING FEE IS \$61.25

FILED

Oct 01 1998 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION ANNUAL REPORT 1998</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N32643 (1)</b> 1. Corporation Name <b>EMMANUEL CHRISTIAN CHURCH OF SPRING HILL, INC.</b>					
Principal Place of Business <b>275 Della Court Spring Hill, Fl. 34606</b>			Mailing Address <b>275 Della Court Spring Hill, FL. 34606</b>		
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		3. Date Incorporated or Qualified <b>06/01/89</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>		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 checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>David M. Barry 275 Della Court Spring Hill, FL. 34606</b>			10. Name and Address of New Registered Agent 81 Name <b>William C. Wilson</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>4319 River Birch Drive</b> 83 84 City <b>Spring Hill,</b> <b>FL</b> 85 Zip Code <b>34607</b>		
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 617.0502, Florida Statutes. SIGNATURE <b>William C. Wilson</b> <i>William C. Wilson</i> <b>7/3/98</b>					
12. OFFICERS AND DIRECTORS <input type="checkbox"/> DELETE (NOTE: Registered Agent signature required when reinstating)					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <input type="checkbox"/> Change <input type="checkbox"/> Addition					
12.1 TITLE <input type="checkbox"/> DELETE <b>P/T</b> 12.2 NAME <b>William C. Wilson</b> 12.3 STREET ADDRESS <b>4319 River Birch Drive</b> 12.4 CITY-ST-ZIP <b>Spring Hill, Fl. 34607</b>		13.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.2 NAME 13.3 STREET ADDRESS 13.4 CITY-ST-ZIP			
12.5 TITLE <input type="checkbox"/> DELETE <b>D.</b> 12.6 NAME <b>Beverly C. Wilson</b> 12.7 STREET ADDRESS <b>4319 River Birch Drive</b> 12.8 CITY-ST-ZIP <b>Spring Hill, Fl. 34607</b>		13.5 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.6 NAME 13.7 STREET ADDRESS 13.8 CITY-ST-ZIP			
12.9 TITLE <input type="checkbox"/> DELETE <b>D.</b> 12.10 NAME <b>Bettie C. Fitzpatrick</b> 12.11 STREET ADDRESS <b>7610 Gates Circle</b> 12.12 CITY-ST-ZIP <b>Spring Hill, Fl. 34606</b>		13.9 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.10 NAME 13.11 STREET ADDRESS 13.12 CITY-ST-ZIP			
12.13 TITLE <input type="checkbox"/> DELETE <b>S</b> 12.14 NAME <b>Evelyn Antoniewicz</b> 12.15 STREET ADDRESS <b>298 Galaxy Avenue</b> 12.16 CITY-ST-ZIP <b>Spring Hill, Fl. 34606</b>		13.13 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.14 NAME 13.15 STREET ADDRESS 13.16 CITY-ST-ZIP			
12.17 TITLE <input type="checkbox"/> DELETE <b>D</b> 12.18 NAME <b>Carl Zooberg</b> 12.19 STREET ADDRESS <b>7265 Royal Oak Drive</b> 12.20 CITY-ST-ZIP <b>Spring Hill, Fl. 34607</b>		13.17 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.18 NAME 13.19 STREET ADDRESS 13.20 CITY-ST-ZIP			
12.21 TITLE <input type="checkbox"/> DELETE  12.22 NAME 12.23 STREET ADDRESS 12.24 CITY-ST-ZIP		13.21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.22 NAME 13.23 STREET ADDRESS 13.24 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 <b>SIGNATURE: William C. Wilson</b> <i>William C. Wilson</i> <b>7/3/98</b> <b>(352) 683-0083</b>					

AMENDMENT

CR2E037 (10/97)

12/10-1