2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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Secretary of State
01-26-2005 90015 012 ****61.25

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01182005 Chg-NP CR2E037 (10/03)

DOCUMENT # N40512

1. Entity Name
SALT SPRINGS CHRISTIAN CHURCH, INC.

Principal Place of Business	Mailing Address
24571 N.E. HWY. 316 SALT SPRINGS, FL 32134 US	24571 N.E. HWY. 316 SALT SPRINGS, FL 32134 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2969571 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FAIRCLOTH, HESTER 24759 NE 130TH ST FORT MC COY, FL 32134	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DC STEINER, MAURICE 13 BAHIA COURSE LN OCALA, FL 34472 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DC SMEAL, ROBERT 24770 E HWY 316 SALT SPRINGS, FL 32134 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BROCK, JOHN L JR 23871 NE 154 PL RD FORT MC COY, FL 32134 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT LAWRENCE, JOAN 25218 NE HWY 316 SALT SPRINGS, FL ☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT GASKIN, KAREN 15097 NE 150TH AVE. FT MCCOY, FL 32134 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SMEAL, JOMARY C 24770 E HWY 316 FORT MC COY, FL 32134 ☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HAGER, STACEY 21290 NE HWY 316 SALT SPRINGS, FL 32134 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GOWTHROP, REX 13323 NE 247TH COURT SALT SPRINGS, FL 32134 ☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCKEEVER, KAREN 24809 E HWY 316 SALT SPRINGS, FL 32134 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SMEAL, ROBERT 24770 E HWY 316 SALT SPRINGS, FL 32134 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STEINER, MAURICE 13 BAHIA COURSE LANE OCALA, FL 32134 ☑ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert C Smeal Sr 2-23-05 (685-9467)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #