

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N48145 (9)

1. Corporation Name

FAITH CHRISTIAN FELLOWSHIP OF SPRING HILL, INC.



Principal Place of Business

1180 MARINER BLVD.
SPRING HILL FL 34609

Mailing Address

1180 MARINER BLVD.
SPRING HILL FL 34609

3. Date Incorporated or Qualified
04/01/1992

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 7410 COMMERCIAL WAY

26 P.O. BOX 6488

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 BROOKSVILLE, FL

28 SPRING HILL, FL

Zip

Zip

24 34613

Country

25 HERNANDO

Country

29 34609

30 HERNANDO

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BOLEN, DALE
1180 MARINER BLVD.
SPRING HILL FL 34609

81 Name

DALE BOLEN

82

Street Address (P.O. Box Number is Not Acceptable)

7971 RIDGE ROAD

83

84 City

BROOKSVILLE

FL

85 Zip Code

34613

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 obligation of, Section 617.0503, Florida Statutes.

SIGNATURE

Typed or printed name of registered agent

(NOTE: Registered Agent signature required when reinstating)

DATE

4-4-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
BOLEN, DALE
7971 RIDGE ROAD
BROOKSVILLE FL 34613

DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
BOLEN, LINDA
7971 RIDGE ROAD
BROOKSVILLE FL 34613

DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
RUDDY, JAMES
7429 TREON PLACE
HUBER HEIGHTS OH 45424

DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/96

Date

352-596-8470

Daytime Phone #

CR2E037 (12/95)