

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

DOCUMENT # N93000000043 (0)

95 MAY 26 11 30 21

1. Corporation Name
SALT SPRINGS WORSHIP CENTER, INC.

Principal Place of Business Mailing Address
**24045 NE HWY 314
SALT SPGS FL 32134
US** **24843 NE 147TH PL
SALT SPRINGS FL 32134**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **12/29/1992** 3a. Date of Last Report **05/19/1994**
4. FBI Number **NOT APPLICABLE** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LITTLETON, FRANK C
24843 NE 147TH PL
SALT SPRINGS FL 32134**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS
TITLE **D**
NAME **DAWSEY, JOHN**
STREET ADDRESS **25310 NE 132ND LN**
CITY - ST - ZIP **SALT SPRINGS FL 32134**
TITLE **D**
NAME **LITTLETON, FRANK C**
STREET ADDRESS **24843 NE 147TH PL**
CITY - ST - ZIP **SALT SPRINGS FL 32134**
TITLE **D**
NAME **DYCK, DOUG**
STREET ADDRESS **1886 SW 27TH AVE**
CITY - ST - ZIP **OCALA FL 32674**
TITLE **D**
NAME **BUCK, RALPH**
STREET ADDRESS **21323 NE 163 ST**
CITY - ST - ZIP **FT MCCOY FL 32134**
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
11 TITLE Change Addition
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP
21 TITLE Change Addition
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP
31 TITLE Change Addition
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP
41 TITLE Change Addition
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP
51 TITLE Change Addition
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP
61 TITLE Change Addition
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

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 110.07(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:

Frank C. Littleton
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR
Frank C. Littleton

5/23/95 (904) 685-3145
DATE TELEPHONE NUMBER