

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 # N93000000043 (0)

1. Corporation Name
SALT SPRINGS WORSHIP CENTER, INC.



Principal Place of Business: 24845 NE HWY 314, SALT SPGS FL 32134, US
Mailing Address: 24843 NE 147TH PL, SALT SPRINGS FL 32134

3. Date Incorporated or Qualified: 12/29/1992
3a. Date of Last Report: 05/26/1995
4. FEI Number: 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 24845 NE Hwy 314, Suite, Apt. #, etc.
22 City & State: 23 Salt Springs, Fl.
24 Zip: 32134, 25 U.S.
2a. Mailing Address: 26 24843 NE 147TH PL, Suite, Apt. #, etc.
27 City & State: 28
29 Zip: 30 Country

9. Name and Address of Current Registered Agent
LITTLETON, FRANK C
24843 NE 147TH PL
SALT SPRINGS FL 32134

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: FL

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

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	DAWSEY, JOHN	
STREET ADDRESS	25310 NE 132ND LN	
CITY-ST-ZIP	SALT SPRINGS FL 32134	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LITTLETON, FRANK C	
STREET ADDRESS	24843 NE 147TH PL	
CITY-ST-ZIP	SALT SPRINGS FL 32134	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DYCK, DOUG	
STREET ADDRESS	1986 SW 27TH AVE	
CITY-ST-ZIP	OCALA FL 32674	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BUCK, RALPH	
STREET ADDRESS	21323 NE 163 ST	
CITY-ST-ZIP	FT MCCOY FL 32134	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 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: Frank C. Littleton Sect/Treas. 4/30/96 (352)685-3145
Date: 4/30/96 Daytime Phone: (352)685-3145
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)