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May 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N96000003832 (0)

1. Corporation Name

SPRING HILL BIBLE CHURCH OF SPRING HILL, FL., IN C.



Principal Place of Business

Mailing Address

C/O REV. CARL HAWKINS
11387 ORANGEWOOD CT
SPRING HILL FL 34809

C/O REV. CARL HAWKINS
11387 ORANGEWOOD CT
SPRING HILL FL 34809-9143

3. Date Incorporated or Qualified

07/22/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Spring Hill Bible Church

26 Spring Hill Bible Church

4. FEI Number

59-3383915

Applied For
Not Applicable

22 1244 Mariner Blvd

27 PO Box 6342

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Spring Hill, FL

28 Spring Hill, FL

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24 34609

25 Hernando

29 34611

30 Hernando

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HAWKINS, CARL
11387 ORANGEWOOD CT
SPRING HILL FL 34809

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 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: *Carl Hawkins*

DATE: May 14, 1997

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

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	MARKIN, WAYNE	
STREET ADDRESS	7366 HIGH POINT BLVD	
CITY-ST-ZIP	BROOKSVILLE FL 34813	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CUMMINGS, HARRY	
STREET ADDRESS	2378 AMHERST AVE	
CITY-ST-ZIP	SPRING HILL FL 34809	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BAGGETT, JIM	
STREET ADDRESS	12435 CITRUS WWAY	
CITY-ST-ZIP	BROOKSVILLE FL 34801	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WHEELER, HAROLD	
STREET ADDRESS	8010 NAVAJO TRAIL	
CITY-ST-ZIP	SPRING HILL FL 34806	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KEISTER, PAUL	
STREET ADDRESS	2416 ARDENWOOD DR	
CITY-ST-ZIP	SPRING HILL FL 34809	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WILSON, MYRON	
STREET ADDRESS	13182 DRYSDALE ST	
CITY-ST-ZIP	SPRING HILL FL 34809	

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	D Ralph Ditzler
1.3 STREET ADDRESS	4154 Bristol Ave
1.4 CITY-ST-ZIP	Spring Hill, FL 34609
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	D Chuck Aman
2.3 STREET ADDRESS	6345 Freeport Dr
2.4 CITY-ST-ZIP	Spring Hill, FL 34608
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	D Chuck Quist
3.3 STREET ADDRESS	9681 Horizon Dr
3.4 CITY-ST-ZIP	Spring Hill, FL 34608
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	D John Black
4.3 STREET ADDRESS	1099 Eden Cr
4.4 CITY-ST-ZIP	Spring Hill, FL 34606
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	D Henry Thomas
5.3 STREET ADDRESS	7305 Bottlebrush Dr
5.4 CITY-ST-ZIP	Spring Hill, FL 34606
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	D Dick Sledden
6.3 STREET ADDRESS	2335 Morning Glory Trail
6.4 CITY-ST-ZIP	Spring Hill, FL 34606

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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.

SIGNATURE: *Carl Hawkins*

DATE: 5/14/97 352-688-5176

CR2E037 (9/96)