

SECOND NOTICE - CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98 - \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

FILED  
 Jul 30 1998 8:00am  
 Secretary of State

0000911

DOCUMENT # N96000003832 (0)  
 1. Corporation Name

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



Principal Place of Business Mailing Address  
 SPRING HILL BIBLE CHURCH 1244 MARINER BLVD. SPRING HILL FL 34609 US  
 SPRING HILL BIBLE CHURCH P.O. BOX 6342 SPRING HILL FL 34811 US

3. Date Incorporated or Qualified 07/22/1996  
 4. FEI Number 59-3383915 Applied For Not Applicable

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

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. Is this nonprofit corporation a homeowners association?  Yes  No  
 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
 HAWKINS, CARL  
 11387 ORANGEWOOD CT  
 SPRING HILL, FL 34809

10. Name and Address of New Registered Agent  
 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 T. Hawkins, Pastor (NOTE: Registered Agent Signature required when reinstating) DATE July 29, 1998

12. OFFICERS AND DIRECTORS	
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	MARKIN, WAYNE
STREET ADDRESS	7888 HIGH POINT BLVD
CITY-ST-ZIP	BROOKSVILLE FL 34813
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	CUMMINGS, HARRY
STREET ADDRESS	2379 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 checked="" type="checkbox"/> DELETE
NAME	WHEELER, HAROLD
STREET ADDRESS	8010 NAVAJO TRAIL
CITY-ST-ZIP	SPRING HILL FL 34808
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	KEISTER, PAUL
STREET ADDRESS	2418 ARDENWOOD DR
CITY-ST-ZIP	SPRING HILL FL 34809
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	WILSON, MYRON
STREET ADDRESS	13182 DRYSDALE ST
CITY-ST-ZIP	SPRING HILL FL 34809

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	BLACK, JOHN
1.3 STREET ADDRESS	1099 EDEN CIRCLE
1.4 CITY-ST-ZIP	SPRING HILL, FL. 34608
2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	PEET, WILLIAM C.
2.3 STREET ADDRESS	18639 OZARK DR.
2.4 CITY-ST-ZIP	HUDSON, FL. 34667
3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	QUIST, CHARLES
3.3 STREET ADDRESS	9681 HORIZON DR.
3.4 CITY-ST-ZIP	SPRING HILL, FL. 34608
4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	SILLARS, ROBERT
4.3 STREET ADDRESS	489 TOURNAMENT DR.
4.4 CITY-ST-ZIP	SPRING HILL, FL. 34608
5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	COLUMNA, QUIST
5.3 STREET ADDRESS	385 FLORIAN WAY
5.4 CITY-ST-ZIP	SPRING HILL, FL. 34609
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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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: John R. Black DEACON (Signature) Date July 29, 1998 Daytime Phone #

CR2E037 (5/98)