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Mar 02, 1999 8:00 am  
Secretary of State

03-02-1999 90082 042 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000003832

1. Corporation Name

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

Principal Place of Business

SPRING HILL BIBLE CHURCH  
1244 MARINER BLVD.  
SPRING HILL FL 34609  
US

Mailing Address

SPRING HILL BIBLE CHURCH  
P.O. BOX 6342  
SPRING HILL FL 34611  
US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	07/22/1996
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-3383915
City & State	City & State	Applied For
23	28	Not Applicable
Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>
24	25	\$8.75 Additional Fee Required
29	30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
		\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

HAWKINS, CARL  
11387 ORANGEWOOD CT  
SPRING HILL FL 34609

10. Name and Address of New Registered Agent

81 Name	DR. Roy HERBSTER
82 Street Address (P.O. Box Number is Not Acceptable)	
83	2226 Cottendale
84 City	Spring Hill FL
85 Zip Code	34608

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

*[Signature]* 1/16/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLACK, JOHN	1.2 NAME	
STREET ADDRESS	1099 EDEN CIRCLE	1.3 STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL FL 34606	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEET, WILLIAM C.	2.2 NAME	
STREET ADDRESS	18639 OZARK DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	HUDSON FL 34667	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAGGETT, JIM	3.2 NAME	
STREET ADDRESS	12435 CITRUS WWAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	BROOKSVILLE FL 34601	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUIST, CHARLES	4.2 NAME	
STREET ADDRESS	9681 HORIZON DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL FL 34608	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILLARS, ROBERT	5.2 NAME	
STREET ADDRESS	489 TOURNAMENT DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL FL 34608	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUIST, COLUMNA	6.2 NAME	
STREET ADDRESS	385 FLORIDAN WAY	6.3 STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL FL 34609	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)(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, with all other like empowered.

SIGNATURE: *[Signature]* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/16/99 352-686-5772

CR2E037 (11/98)