

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90138 047 ****61.25

DOCUMENT # N96000003832

1. Entity Name

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

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 34611-6342
 US**

907303



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

15449 Spring Hill Drive

3. Mailing Address

P.O. Box 15018

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
 Spring Hill, Florida

City & State
 Brooksville, Florida

4. FEI Number
59-3383915

Applied For
 Not Applicable

Zip
 34609

Country
 USA

Zip
 34609-0111

Country
 USA

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HERBSTER, ROY DR
 2226 COTTONDALE
 SPRING HILL FL 34608**

Name
HERBSTER, ROY DR.

Street Address (P.O. Box Number is Not Acceptable)

4077 BRECKLAND CT.

City
 SPRING HILL,

FL

Zip Code
 34609

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

[Handwritten Signature] Senior Pastor Spring Hill Bible Church / 1/18/2000
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **D BLACK, JOHN**
 STREET ADDRESS **1099 EDEN CIRCLE**
 CITY-ST-ZIP **SPRING HILL FL 34606**

TITLE Change Addition
 NAME **D WILSON, MYRON**
 STREET ADDRESS **131825 DRYSDALE ST.**
 CITY-ST-ZIP **SPRING HILL, FLORIDA 34609**

TITLE Delete
 NAME **D PEET, WILLIAM C.**
 STREET ADDRESS **18639 OZARK DR**
 CITY-ST-ZIP **HUDSON FL 34667**

TITLE Change Addition
 NAME **D DERDIARIAN, JOSEPH**
 STREET ADDRESS **6241 PENNA ST.**
 CITY-ST-ZIP **SPRING HILL, FLORIDA 34609**

TITLE Delete
 NAME **D BAGGETT, JIM**
 STREET ADDRESS **12435 CITRUS WWAY**
 CITY-ST-ZIP **BROOKVILLE FL 34601**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D QUIST, CHARLES**
 STREET ADDRESS **9681 HORIZON DR**
 CITY-ST-ZIP **SPRING HILL FL 34608**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D SILLARS, ROBERT**
 STREET ADDRESS **489 TOURNAMENT DR**
 CITY-ST-ZIP **SPRING HILL FL 34608**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D QUIST, COLUMNA**
 STREET ADDRESS **385 FLORIDAN WAY**
 CITY-ST-ZIP **SPRING HILL FL 34609**

TITLE Change Addition
 NAME **D COLUMNA, QUINTIN**
 STREET ADDRESS **385 FLORIAN WAY**
 CITY-ST-ZIP **SPRING HILL, FLORIDA 34609**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Handwritten Signature]* **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-00 352-686-5772
Date Daytime Phone #

CR2E037 (9/99)