

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90184 036 ****70.00

DOCUMENT # N96000003832

1. Entity Name

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

Principal Place of Business

Mailing Address

15449 SPRING HILL DR
 SPRING HILL FL ~~34600~~ 34604
 US

SPRING HILL BIBLE CHURCH
 15449 Spring Hill Dr.
 Spring Hill, Fl 34604-0694

2. Principal Place of Business

U.S.



DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3383915

Applied For

Not Applicable

Zip

Country

Zip

Country

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
 4077 BRECKLAND CT
 SPRING HILL FL 34609

Name

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

City

FL

Zip Code

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

Roy Herbster

1/22/01

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 NAME	D BLACK, JOHN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	1099 EDEN CIRCLE	
CITY-ST-ZIP	SPRING HILL FL 34606	
TITLE NAME	D WILSON, MYRON	<input type="checkbox"/> Delete
STREET ADDRESS	131825 DRYSDALE ST	
CITY-ST-ZIP	SPRING HILL FL 34609	
TITLE NAME	D DERDIARIAN, JOSEPH	<input type="checkbox"/> Delete
STREET ADDRESS	6241 PENNA ST	
CITY-ST-ZIP	SPRING HILL FL 34609	
TITLE NAME	D SILLARS, ROBERT	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	489 TOURNAMENT DR	
CITY-ST-ZIP	SPRING HILL FL 34608	
TITLE NAME	D COLUMNA, QUINTIN	<input type="checkbox"/> Delete
STREET ADDRESS	385 FLORIDAN WAY	
CITY-ST-ZIP	SPRING HILL FL 34609	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME	deacon	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	Bud Goodwin	
CITY-ST-ZIP	1194 Port Ct., Spring Hill, FL 34606	
TITLE NAME	deacon	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	Frank Chisholm	
CITY-ST-ZIP	10440 Palmgren Ln. Spring Hill, FL 34606	
TITLE NAME	deacon	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	Jim Baggett	
CITY-ST-ZIP	12435 Citrus Way, Brooksville, FL 34601	
TITLE NAME	deacon	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	Richard Collins	
CITY-ST-ZIP	11228 Chickasaw Dr. Spring Hill, FL 34609	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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: *Quentin Columna*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-2001 352 686 2814

Date Daytime Phone #

CR2E037 (10/00)