## 2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE: Norman States

## Apr 07, 2004 8:00 am Secretary of State DOCUMENT # N9600003832 04-07-2004 90335 040 \*\*\*\*70.00 SPRING HILL BIBLE CHURCH OF SPRING HILL FL., INC. Principal Place of Business Mailing Address 15449 SPRING HILL DR 15449 SPRING HILL DR 14000761 BROOKSVILLE, FL 34604-0694 US BROOKSVILLE, FL 34604-0694 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01072004 Chg-NP CR2E037 (10/03) City & State City & State 4. FEI Number 59-3383915 Applied For Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Norman States GOODWIN, CHARLES 10185 HOOVER STREET Street Address (P.O. Box Number is Not Acceptable) 2092 Culbreath Road SPRING HILL, FL 34608 Zip Code Brooksville 34602 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. I am familiar with, and accept the obligations of registered agent. Llan 30,2004 SIGNATURE ! (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2004 موان جوهن Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. TUDE **Delete** TITLE William Burns BOD MME. GOODWIN, CHARLES H NAME 7491 Fairlane Avc. STREET ADDRESS 10185 HOOVER STREET ADDRESS Brooksville, Florida CITY-ST-ZIP SPRING HILL, FL 34608 CITY-ST-ZIP TITLE. ☐ Delete TITLE ☐ Addition Change NAME THOGODE, WILLIAM NAME STREET ADDRESS 11085 THORNBERRY DRIVE STREET ADDRESS SPRING HILL FL 34608 CITY-ST-7P CITY-ST-7P TITLE Delete TITLE James Baggett BOD ☐ Change Addition ATKINSON, ROBERT NAME 12435 Citrus Way Brooks ville, Florida 34601 STREET ADDRESS 10023 HAYWARD ROAD STREET ADDRESS SPRING HILL, FL 34608 CITY-ST-ZIP CITY-ST-7/P TITLE ☐ Delete ☐ Change ☐ Addition SMITH, EDWARD NULE NAME STREET ADDRESS 11161 MONTCALM ROAD STREET ADDRESS SPRING HILL, FL 34608 CITY-ST-ZP CITY-ST-ZIP ☐ Delete ☐ Change Addition STATES, NOAM HAME NAME STREET ADDRESS 2092 CULBREATH RD STREET ADDRESS CITY-ST-ZIP SPRINGHILL, FL 34602 CITY-ST-7/P MLE\_\_\_\_\_ MORS Change Addition ☐ Detete TITLE BRIJBAG, AMY NAME NAME STREET ADDRESS 14129 KINGMONT ST STREET ADORESS CITY-ST-ZIP SPRING HILL FL 34609 CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 charged, or on an attachment with an address, with all other like empowered.

**FILED** 

Man 30, 2004 352-848-0283