


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2005 8:00 am
Secretary of State

03-18-2005 90052 029 ****70.00

DOCUMENT # N96000003832

1. Entity Name
SPRING HILL BIBLE CHURCH OF SPRING HILL, FL., INC.



Principal Place of Business
**15449 SPRING HILL DR
 BROOKSVILLE, FL 34604-0694 US**

Mailing Address
**15449 SPRING HILL DR
 BROOKSVILLE, FL 34604-0694 US**



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01142005 Chg-NP CR2E037 (10/03)

City & State
 Zip Country

4. FEI Number
59-3383915

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**STATES, NORMAN
 2092 CULBREATH ROAD B45
 BROOKSVILLE, FL 34602**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)

**Filing Fee is \$61.25
 Due by May 1, 2005**

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

Make check payable to Florida Department of State

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|--|--|--|---|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | BOD GOODWIN, CHARLES H 7491 FAIRLANE AVE. BROOKSVILLE, FL | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | BOD DeRicht, Dennis 195 Oak Lake Dr. Spring Hill, FL 34608 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | BOD THOGODE, WILLIAM 11085 THORNBERRY DRIVE SPRING HILL, FL 34608 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | BOD Ruffner, Shawn 13294 Mitten Lane Spring Hill, FL 34609 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | BOD BAGGETT, JAMES 12435 CITRUS WAY BROOKSVILLE, FL 34601 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | BOD Treverton, Scott 19094 Treverton-lane Brooksville, FL 34604 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | BOD SMITH, EDWARD 11161 MONTCALM ROAD SPRING HILL, FL 34608 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | BOD Burns, Bill 7491 Fairlane Ave Brooksville, FL 34613 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | BOD STATES, NOAM 2092 CULBREATH RD SPRINGHILL, FL 34602 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MORS BRUBAG, AMY 14129 KINGMONT ST SPRING HILL, FL 34609 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: Norman R States Norman R States ⁽³⁾ 2-10-05 352-848-0283
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #