

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000003832

FILED
Apr 18, 2009
Secretary of State

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

Current Principal Place of Business:

15449 SPRING HILL DR
BROOKSVILLE, FL 346040694 US

New Principal Place of Business:

Current Mailing Address:

15449 SPRING HILL DR
BROOKSVILLE, FL 346040694 US

New Mailing Address:

FEI Number: 59-3383915

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STATES, NORMAN
2092 CULBREATH ROAD B45
BROOKSVILLE, FL 34602 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: STATES, NORMAN
Address: 2092 CULBREATH ROAD B45
City-St-Zip: BROOKSVILLE, FL 34602 US

Title: BOD () Delete
Name: KIMBLE, FRED
Address: 19046 TREVERTON LANE
City-St-Zip: BROOKSVILLE, FL 34604 US

Title: BOD () Delete
Name: LIVESCHI, THOMAS
Address: 11821 LINDEN DRIVE
City-St-Zip: SPRING HILL, FL 34608 US

Title: BOD () Delete
Name: MATTHEWS, STEVE
Address: 6064 CASSON STREET
City-St-Zip: BROOKSVILLE, FL 34604 US

Title: MORS () Delete
Name: ROSE, SHARON
Address: 14136 TROLLMAN STREET
City-St-Zip: SPRING HILL, FL 34609

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: BOD (X) Change () Addition
Name: BURNS, WILLIAM
Address: 7491 FAIRLANE AVE
City-St-Zip: BROOKSVILLE, FL 34613

Title: BOD () Change (X) Addition
Name: BOTNER, PHILIP
Address: 3367 DOW LANE
City-St-Zip: SPRING HILL, FL 34609

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NORMAN STATES

C

04/18/2009

Electronic Signature of Signing Officer or Director

Date