

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90066 036 ****70.00

DOCUMENT # N96000003832



1. Entity Name
**SPRING HILL BIBLE CHURCH OF SPRING HILL, FL., IN
C.**

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3383915**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**WILSON, GENI
3088 FISHER AVE
SPRING HILL FL 34609**

7. Name and Address of New Registered Agent

Name **Goodwin, Charles H.**
Street Address (P.O. Box Number is Not Acceptable)
10185 Hoover Street
City **Spring Hill.** FL Zip Code **34608**

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 *Charles H Goodwin*
Signature, typed or printed name of registered agent and title if applicable.

CHARLES H GOODWIN
(NOTE: Registered Agent signature required when reinstating)

4/2/03
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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	GOODWIN, CHARLES H	
STREET ADDRESS	10185 HOOVER	
CITY-ST-ZIP	SPRING HILL FL 34608	
TITLE	MOFT	<input checked="" type="checkbox"/> Delete
NAME	WILSON, GENI	
STREET ADDRESS	3088 FISHER AVE	
CITY-ST-ZIP	SPRING HILL FL 34609	
TITLE	BODM	<input type="checkbox"/> Delete
NAME	ATKINSON, ROBERT	
STREET ADDRESS	18910 ROSEPHIL	
CITY-ST-ZIP	SPRINGHILL FL 34610	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RUDOLPH, CLARENCE	
STREET ADDRESS	1182 MEREDITH DR	
CITY-ST-ZIP	SPRING HILL FL 34608	
TITLE	BODM	<input type="checkbox"/> Delete
NAME	STATES, NOAM	
STREET ADDRESS	2092 CULBREATH RD	
CITY-ST-ZIP	SPRINGHILL FL 34602	
TITLE	MORS	<input type="checkbox"/> Delete
NAME	BRIJBAG, AMY	
STREET ADDRESS	14129 KINGMONT ST	
CITY-ST-ZIP	SPRING HILL FL 34609	

TITLE	Board of Deacons	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Baggett, Jim	
STREET ADDRESS	12435 Citrus Way	
CITY-ST-ZIP	Brooksville, FL 34601	
TITLE	Board of Deacons	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Thogode, William	
STREET ADDRESS	11085 Thornberry Drive	
CITY-ST-ZIP	Spring Hill, FL 34608	
TITLE	Board of Deacons	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Atkinson, Robert	
STREET ADDRESS	10023 Hayward Road	
CITY-ST-ZIP	Spring Hill, FL 34608	
TITLE	Board of Deacons	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Smith, Edward	
STREET ADDRESS	11161 Montcalm Road	
CITY-ST-ZIP	Spring Hill, FL 34608	
TITLE	Board of Deacons	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	States, Norman	
STREET ADDRESS	2092 Culbreath Road	
CITY-ST-ZIP	Brooksville, FL 34602	
TITLE	Minister of Finance Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	States, Berna	
STREET ADDRESS	2092 Culbreath Road	
CITY-ST-ZIP	Brooksville, FL 34602	

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: *Charles H Goodwin* **CHARLES H GOODWIN** **4/2/03**

CR2E037 (10/02)