


FILE NOW: FILING FEE IS \$61.25

FILED
Jun 25, 1999 8:00 am
Secretary of State

06-25-1999 90010 025 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N98000001424					
1. Corporation Name SPRING CREEK COMMUNITY CHURCH, INC.					
Principal Place of Business 20 CHURCH ROAD CRAWFORDVILLE FL 32327			Mailing Address 20 CHURCH ROAD CRAWFORDVILLE FL 32327		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/11/1998	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number	
22		27		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
23 City & State		28 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Zip Country		29 Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
ROSS, SONDR0 20 CHURCH ROAD CRAWFORDVILLE FL 32327			81	Name Ross Sondro	
			82	Street Address (P.O. Box Number is Not Acceptable)	
			83		
			84	City	85
			FL		
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	SD	<input type="checkbox"/> DELETE			
NAME	ROSS, SONDR0				
STREET ADDRESS	20 CHURCH ROAD				
CITY-ST-ZIP	CRAWFORDVILLE FL 32327				
TITLE	TD	<input type="checkbox"/> DELETE			
NAME	DAVIS, BILLIE				
STREET ADDRESS	20 CHURCH ROAD				
CITY-ST-ZIP	CRAWFORDVILLE FL 32327				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	DAVIS, BRUCE				
STREET ADDRESS	20 CHURCH ROAD				
CITY-ST-ZIP	CRAWFORDVILLE FL 32327				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addit			
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addit			
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addit			
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addit			
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addit			
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addit			
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					

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SIGNATURE: *[Signature]* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-99

Date

850-926-328

Daytime Phone #