FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

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

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

	OCUI	MENT # N98000	001424								
SPRING CREEK COMMUNITY CHURCH, INC.							2000084 - 800010 - 25				
20	rincipal Place O CHURCH RI RAWFORDVILI		Mailing Address 20 CHURCH ROAD CRAWFORDVILLE FL 32327								
Principal Place of Business The Principal Place of Business			2a. Mailing Address				3. Date Incorporated o 03/11/1998	r Qualifed			
22	Suite, Apt.	#, etc.	Suite, Apt. #, etc.				4. FEI Number				olied For Applicat
23	City & State	e	City & State				5. Certifcate of Status	Desired 		\$8.75 A Fee Rec	
24	Zip	Country [25]	Zip 29 30	Country 30			Election Campaign Trust Fund Contribu	tion		\$5.00 Added to	•
	_	9. Name and Address of Curren	t Registered Agent				10. Name and Addres	of New F	Registere	i Agent	
1				}'	81 Name	TELL	lead executor	128			
ROSS, SONDRO							ss (P.O. Box Number is N	lot Accepta	able)		
ļ	20 CHURC			83							
}	CRAWFOF	RDVILLE FL 32327		03							
1		•		ſ	84 City				FI	85 Zip C	ode
1	office or r	to the provisions of Sections 617.050 egistered agent, or both, in the State of familiar with, and accept the obligations.	of Florida. Such change was autho	nzea	nv me com	corpor oration	ation submits this statem 's board of directors. I he	ent for the reby accer	purpose of the appoint	of changing its cintrnent as reg	registered jistered
s	IGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE: Reg	Istered A	Qent signature	required v	vhen reinstating)		DATE		
1:	2.	OFFICERS AN		13.			ADDITIONS/CHANG	ES TO OF	FICERS A		
π	LE .	SD	☐ DELETE	1.1 TITL	E					☐ Change	Addit 🗀
NA	ME	ROSS, SONDRO		1.2 NA	ME						
ST	REET ADDRESS	20 CHURCH ROAD		1.3 STR	REET ADDRESS	i					
СГ	TY-ST-ZIP	CRAWFORDVILLE FL 32327		1.4 CITY-ST-ZIP		<u> </u>					
m	n.e	TD	☐ DELETE	2.1 TITL						☐ Change	☐ Addit
1	ME (DAVIS, BILLIE		2.2 NAM		Į					
1	REET ADORESS	20 CHURCH ROAD		2.3 STREET ADDRESS		1					
-	TY-ST-ZIP	CRAWFORDVILLE FL 32327	☐ DELETE	2. 4 C/T 3.1 T/TL	Y-ST-ZIP	 		_		☐ Change	☐ Addit
}	TE	D Davis, Bruce	S. DELETE	3.2 NAME		}					_
	ME REET ADDRESS	** ***			REET ADDRESS						
ſ	TY-ST-ZIP	CRAWFORDVILLE FL 32327	J		Y-ST-ZIP						
TITLE		OTATIT OTIONOLE TE OCOLI	☐ DELETE	4.1 TITLE						Change	Addit
NAME				4. 2 NA	ME						
1	REET ADDRESS	is		4.3 STF	REET ADORESS						
	TY-\$T-ZIP			4.4 CIT	Y-ST-ZIP	<u> </u>					
TITLE			☐ DELETE	5.1 TITLE						☐ Change	☐ Addit
N	WE.			5.2 NA		}					
\$1	REET ADDRESS				REET ADDRESS	1					
СГ	TY-ST-ZIP				Y-ST-ZIP	ļ				Channe	hibbA 🔃
1	re		☐ DELETE	6.1 TITL 6.2 NAM						☐ Change	
1	WE				ME REET ADDRESS						
3	REET ADDRESS				Y-ST-ZIP	1					
I CI	TY-ST-ZIP	1		0.7 011		1					

14. 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 annual report or supplemental annual 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 12 or Block 13 if changes or on an attachment with an address, with all other like empowered.

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-99

850-926-328

Daytime Phone