2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # N98000001424 May 18, 2000 8:00 am Secretary of State SPRING CREEK COMMUNITY CHURCH, INC. 04-25-2000 90012 027 ****61.25 Principal Place of Business Mailing Address 20 CHURCH ROAD 20 CHURCH ROAD CRAWFORDVILLE FL 32327-4336 **CRAWFORDVILLE FL 32327** 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State City & State NOT APPLICABLE Not Applicable Zip Zio Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent x Number is s Not Acceptable) ROSS, SONDRO 20 CHURCH ROAD CRAWFORDVILLE FL 32327 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. SIGNATURE 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: Trust Fund Contribution. Department of State **FEE IS \$61.25** Added to Fees ADDITIONS/CHANGES TO DESICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Change Addition TITIF TITLE Delete Bruce. 2045 ROSS, SONDRO NAME NAME 20 church Ro CRZE037 STREET ADDRESS STREET ADORESS 20 CHURCH ROAD Crawfordville ; 2L 32327 CITY-ST-ZIP CITY-ST-7IP CRAWFORDVILLE FL 32327 ☐ Addition Delete TITLE TITLE TD NAME DAVIS, BILLIE NAME STREET ADDRESS STREET ADDRESS 20 CHURCH ROAD CITY-ST-ZIP CITY~ST-ZIP CRAWFORDVILLE FL 32327 ☐1 Change ☐ Addition Delete TITLE TITLE DAVIS, BRUCE NAME NAME STREET ADDRESS STREET ADDRESS 20 CHURCH ROAD CITY-SY-ZIP CMY-ST-ZIP CRAWFORDVILLE FL 32327 Delete TITLE ☐ Change ■ Addition TITLE Ron Creek more NAME NAME 20 Church Rd STREET ADDRESS STREET ADDRESS Crawfordville, 7 32327 CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET AODRESS CHTY-ST-ZIP CITY-ST-ZIP

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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

SYRFET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

Jan 85

850-926-3281

Channe

☐ Addition