

2002 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 26, 2002 8:00 am**
Secretary of State

02-26-2002 90096 034 ****70.00

DOCUMENT # N98000004836

1. Entity Name

BLUE SPRINGS COMMUNITY CHURCH, INC.

Principal Place of Business

Mailing Address

**4215 KELSON AVENUE
MARIANA FL 32446****4215 KELSON AVENUE
MARIANA FL 32446**

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
59-3521421

Applied For

Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**7. Name and Address of New Registered Agent****UMBERGER, RANDY
4215 KELSON AVE
MARIANA FL 32446**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW: FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****Make Check Payable to
Department of State****10. OFFICERS AND DIRECTORS****11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**TITLE **PD** ☐ Delete
NAME **UMBERGER, RANDY**
STREET ADDRESS **5107 MENEWA TRAIL**
CITY-ST-ZIP **MARIANNA FL 32446**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **VPD** ☐ Delete
NAME **MORRIS, MARK KEVIN**
STREET ADDRESS **5158 WOODGATE WAY**
CITY-ST-ZIP **MARIANNA FL 32446**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **SD** ☒ Delete
NAME **CENTERS, GREG**
STREET ADDRESS **4589 OAKWOOD DRIVE**
CITY-ST-ZIP **MARIANNA FL 32446**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **TD** ☐ Delete
NAME **BASFORD, STEVE**
STREET ADDRESS **1212 SPIVEY ROAD**
CITY-ST-ZIP **MARIANNA FL 32442**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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.

SIGNATURE:**SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR2/1/02
Date850-526-3201
Daytime Phone #

CR2E037 (9/01)