2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2004 8:00 am
Secretary of State
02-04-2004 90047 033 ****70.00

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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

01062004 Chg-NP CR2E037 (10/03)

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

6. Name and Address of Current Registered Agent

UMBERGER, RANDY
4215 KELSON AVE
MARIANA, FL 32446

7. Name and Address of New Registered Agent

Name: TAYLOR, MARCELLUS
Street Address (P.O. Box Number is Not Acceptable)
2998 VORTEC RD
City: MARIANNA **FL** Zip Code: 32446

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: Marcellus Taylor 1-23-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD UMBERGER, RANDY 5107 MENEWA TRAIL MARIANNA, FL 32446	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD TAYLOR, MARCELLUS 2998 VORTEC RD MARIANNA FL 32446	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD TAYLOR, MARCELLUS 2998 VORTEC RD MARIANNA, FL 32446	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD WIGGINS, STUART 4656 THE OAKS DRIVE MARIANNA FL 32446	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD CENTERS, GREG 4589 OAKWOOD DRIVE MARIANNA, FL 32446	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD HALL, PHILLIP 2932 CHEROKEE MARIANNA FL 32446	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD CARAWAY, VIVIAN 4985 CAMELLIA DR MARIANNA, FL 32446	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Vivian Caraway 1/06/04 850-526-3201
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #