## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N98000004836

FILED Feb 04, 2005 Secretary of State

Entity Name: BLUE SPRINGS COMMUNITY CHURCH, INC.

Current Principal Place of Business: New Principal Place of Business:

4215 KELSON AVENUE MARIANA, FL 32446

Current Mailing Address: New Mailing Address:

4215 KELSON AVENUE MARIANA, FL 32446

FEI Number: 59-3521421 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

TAYLOR, MARCELLUS

2998 VORTEC RD.

MARIANNA EL 22446 LIS

MARIANNA EL 22448

MARIANA, FL 32446 US MARIANNA, FL 32448 US

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: CRAIG BLAIR 02/04/2005

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition Name: TAYLOR, MARCELLUS Name: BLAIR, CRAIG

Address: 2998 VORTEC RD. Address: 819 NEUVILLE LANE
City-St-Zip: MARIANNA, FL 32446 City-St-Zip: MARIANNA, FL 32448

Title: VPD ( ) Delete Title: VPD (X) Change ( ) Addition Name: WIGGINS, STUART Name: TAYLOR, MARCELLUS

Address: 4656 THE OAKS DR. Address: 2998 VORTEC RD
City-St-Zip: MARIANNA, FL 32446 City-St-Zip: MARIANNA, FL 32446

Title: SD () Delete Title: SD (X) Change () Addition

 Name:
 HALL, PHILLIP
 Name:
 CARAWAY, VIVIAN

 Address:
 2932 CHEROKEE
 Address:
 4985 CAMELLIA DRIVE

 City-St-Zip:
 MARIANNA, FL 32446
 City-St-Zip:
 MARIANNA, FL 32446

Title: TD () Delete Title: () Change () Addition

 Name:
 CARAWAY, VIVIAN
 Name:

 Address:
 4985 CAMELLIA DR
 Address:

 City-St-Zip:
 MARIANNA, FL 32446
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VIVIAN CARAWAY STD 02/04/2005