

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90296 031 ****70.00

DOCUMENT # N98000004836

1. Entity Name

BLUE SPRINGS COMMUNITY CHURCH, INC.



Principal Place of Business

**4215 KELSON AVENUE
MARIANA FL 32446**

Mailing Address

**4215 KELSON AVENUE
MARIANA FL 32446**

90016770



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3521421**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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. I am familiar with, and accept the obligations of registered agent.

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 \$61.25

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 **PD** ☐ Delete
NAME **UMBERGER, RANDY**
STREET ADDRESS **5107 MENEWA TRAIL**
CITY-ST-ZIP **MARIANNA FL 32446**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VPD** ☐ Delete
NAME **MORRIS, MARK KEVIN**
STREET ADDRESS **5158 WOODGATE WAY**
CITY-ST-ZIP **MARIANNA FL 32446**

TITLE **VPD** ☒ Change ☐ Addition
NAME **MARCELLUS TAYLOR, MARCELLUS**
STREET ADDRESS **2998 VORTEC ROAD**
CITY-ST-ZIP **MARIANNA FL 32446**

TITLE **SD** ☐ Delete
NAME **CENTERS, GREG**
STREET ADDRESS **4589 OAKWOOD DRIVE**
CITY-ST-ZIP **MARIANNA FL 32446**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☐ Delete
NAME **BASFORD, STEVE**
STREET ADDRESS **1212 SPIVEY ROAD**
CITY-ST-ZIP **MARIANNA FL 32442**

TITLE **TD** ☒ Change ☐ Addition
NAME **CARAWAY, VIVIAN**
STREET ADDRESS **4985 CAMELLIA DR**
CITY-ST-ZIP **MARIANNA FL 32446**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ 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:

Vivian Caraway **REQUIRED**

1/28/03

850-526-3201

CR2E037 (10/02)