

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mornam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -9 AM 11:31

DOCUMENT # N40512 (8)

1. Corporation Name
SALT SPRINGS CHRISTIAN CHURCH, INC.

Principal Place of Business Mailing Address
P O BOX 5438 SALT SPRINGS FL 32134 P O BOX 5438 SALT SPRINGS FL 32134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/13/1990 3a. Date of Last Report 02/11/1994
4. FEI Number 59-2969571 Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 24571 NE. Hwy. 316 26 24571 NE. Hwy. 316
22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.
23 Salt Springs, Fl. 28 Salt Springs, Fl.
24 32134 25 Marion 29 32134 30 Marion

5. Certificate of Status Desired \$6.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
CARPENTER, HAZEL
24860 N.E. 130TH ST.
1
SALT SPGS. FL 32134

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1908, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Hazel W. Carpenter 1-29-95
Signature, typed or printed name of registered agent and (to if applicable) (NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEINER, MAURICE	1.2 NAME	
STREET ADDRESS	25301 N.E. 138TH PL.	1.3 STREET ADDRESS	
CITY - ST - ZIP	SALT SPGS. FL	1.4 CITY - ST - ZIP	
TITLE	DVC	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLHANDS, ROGER	2.2 NAME	
STREET ADDRESS	23740 N.E. 137TH LANE	2.3 STREET ADDRESS	
CITY - ST - ZIP	SALT SPRINGS FL	2.4 CITY - ST - ZIP	
TITLE	DS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARPENTR, HAZEL	3.2 NAME	
STREET ADDRESS	24860 N.E. 130TH ST.	3.3 STREET ADDRESS	
CITY - ST - ZIP	SALT SPGS. FL	3.4 CITY - ST - ZIP	
TITLE	DT	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRETT, MARY	4.2 NAME	
STREET ADDRESS	13760 N.E. 238TH CT.	4.3 STREET ADDRESS	
CITY - ST - ZIP	FT. MCCOY FL	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ASHWORTH, LOUISE	5.2 NAME	
STREET ADDRESS	23490 N.E. 154TH PL.	5.3 STREET ADDRESS	
CITY - ST - ZIP	SALT SPGS. FL	5.4 CITY - ST - ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLARD, TIMOTHY	6.2 NAME	
STREET ADDRESS	25010 N.E. 130TH LANE	6.3 STREET ADDRESS	
CITY - ST - ZIP	SALT SPRINGS FL	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Maurice Steiner - Chairman 1/31/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Name) (Printed Name)