


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2005 8:00 am
Secretary of State

01-26-2005 90015 012 ****61.25

DOCUMENT # N40512

1. Entity Name
SALT SPRINGS CHRISTIAN CHURCH, INC.



Principal Place of Business
 24571 N.E. HWY. 316
 SALT SPRINGS, FL 32134 US

Mailing Address
 24571 N.E. HWY. 316
 SALT SPRINGS, FL 32134 US

66003169



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

01182005 Chg-NP CR2E037 (10/03)

8. Name and Address of Current Registered Agent

FAIRCLOTH, HESTER
 24759 NE 130TH ST
 FORT MC COY, FL 32134

4. FEI Number
59-2969571

Applied For
 Not Applicable

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

7. Name and Address of New Registered Agent

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

Filing Fee is \$61.25 Due by May 1, 2005

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 DC	<input type="checkbox"/> Delete STEINER, MAURICE 13 BAHIA COURSE LN OCALA, FL 34472	TITLE DC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SMEAL, ROBERT 24770 E HWY 316 SALT SPRINGS, FL 32134
TITLE D	<input type="checkbox"/> Delete BROCK, JOHN L JR 23871 NE 154 PL RD FORT MC COY, FL 32134	TITLE D	<input type="checkbox"/> Change <input type="checkbox"/> Addition GASKIN, KAREN 15097 NE 150 TH AVE. FT MCCOY, FL 32134
TITLE D	<input checked="" type="checkbox"/> Delete LAWRENCE, JOAN 25218 NE HWY 316 SALT SPRINGS, FL	TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition HAGER, STACEY 21290 NE HWY 316 SALT SPRINGS, FL 32134
TITLE D	<input checked="" type="checkbox"/> Delete SMEAL, JOMARY C 24770 E HWY 316 FORT MC COY, FL 32134	TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition MCKEEVER, KAREN 24809 E HWY 316 SALT SPRINGS, FL 32134
TITLE D	<input checked="" type="checkbox"/> Delete GOWTHROP, REX 13323 NE 247TH COURT SALT SPRINGS, FL 32134	TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition STEINER, MAURICE 13 BAHIA COURSE LANE OCALA, FL 32134
TITLE D	<input type="checkbox"/> Delete SMEAL, ROBERT 24770 E HWY 316 SALT SPRINGS, FL 32134		

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: *Robert Smeal* **2-23-05 (685-9467)**
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR Date Daytime Phone #