

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2009
Secretary of State

DOCUMENT# N40512

Entity Name: SALT SPRINGS CHRISTIAN CHURCH, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-2969571 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HAGER, STACEY L
21290 E. HWY. 316
SALT SPRINGS, FL 32134 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: DC () Delete
Name: DANIELS, FREDERICK H
Address: 14469 NE 210 CT. RD.
City-St-Zip: SALT SPRINGS, FL 32134

Title: D () Delete
Name: MCKEEVER, KAREN
Address: 24809 NE HWY 316
City-St-Zip: SALT SPRINGS, FL 32134

Title: DT () Delete
Name: REEL, HAROLD
Address: 15260 NE 244TH AVE
City-St-Zip: SALT SPRINGS, FL 32134

Title: D () Delete
Name: HAGER, STACEY
Address: 21290 E HWY 316
City-St-Zip: SALT SPRINGS, FL 32134

Title: D () Delete
Name: GASKIN, KAREN
Address: 15097 NE 150TH AVE
City-St-Zip: SALT SPRINGS, FL 32134

Title: D () Delete
Name: STEINER, MAURICE
Address: 13 BAHIA COURSE LANE
City-St-Zip: OCALA, FL 32134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: STACEY HAGER

D

03/23/2009

Electronic Signature of Signing Officer or Director

_____ Date