

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N40512**

1. Corporation Name

**SALT SPRINGS CHRISTIAN CHURCH, INC.**

26-96 B 0753 C  
(8)



Principal Place of Business

Mailing Address

24571 NE HWY 316  
SALT SPRINGS FL 32134  
US

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SALT SPRINGS FL 32134  
US

3. Date Incorporated or Qualified  
**09/13/1990**

3a. Date of Last Report  
**02/09/1995**

2. Principal Place of Business

2a. Mailing Address

21 **24571 N.E. Hwy. 316**

26 Suite, Apt. #, etc.

4. FEI Number  
**59-2969571**

Applied For  
Not Applicable

22 City & State

27 Suite, Apt. #, etc.

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

23 **Salt Springs, Fl.**

28 **Salt Springs, Fl.**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

24 Zip

25 Country

29 Zip

30 Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CARPENTER, HAZEL  
24860 N.E. 130TH ST.  
1  
SALT SPGS. FL 32134**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Hazel W. Carpenter*

(NOTE: Registered Agent signature required when transferring)

*January 29/1996*

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DC	<input type="checkbox"/> DELETE
NAME	STEINER, MAURICE	
STREET ADDRESS	25301 N.E. 138TH PL.	
CITY - ST - ZIP	SALT SPGS. FL	
TITLE	DVC	<input checked="" type="checkbox"/> DELETE
NAME	ALLHANDS, ROGER	
STREET ADDRESS	23740 N.E. 137TH LANE	
CITY - ST - ZIP	SALT SPRINGS FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	CARPENTR, HAZEL	
STREET ADDRESS	24860 N.E. 130TH ST.	
CITY - ST - ZIP	SALT SPGS. FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	BRETT, MARY	
STREET ADDRESS	13760 N.E. 238TH CT.	
CITY - ST - ZIP	FT. MCCOY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ASHWORTH, LOUISE	
STREET ADDRESS	23490 N.E. 154TH PL.	
CITY - ST - ZIP	SALT SPGS. FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WILLARD, TIMOTHY	
STREET ADDRESS	25010 N.E. 130TH LANE	
CITY - ST - ZIP	SALT SPRINGS FL	

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	DVC <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	BRETT, JOHN
23 STREET ADDRESS	13760 N.E. 238th
24 CITY - ST - ZIP	Fort McCoy, Fl.
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	ANTHONY, AUDREY
63 STREET ADDRESS	23490 N.E. 154th PL
64 CITY - ST - ZIP	Salt Springs, Fl.

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption under 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 the receiver 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* 1-24-96 352-685-1023  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)