FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

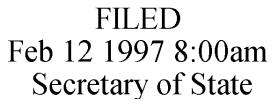
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N40512

(8)

SALT SPRINGS CHRISTIAN CHURCH, INC.





Principal Plac	ce of Business	Mailing Address			
4571 NE HWY S SALT SPRINGS I		24571 NE HWY 316 SALT SPRINGS FL 32134-8008			
JS		US		3. Date Incorporated or Qualified 09/13/1990	3a. Date of Last Report 02/05/1996
	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
	571 ME. Huy 316	26 2457/71.8 Suite Apt # etc	E. Hury.311	59-2969571	Not Applicate
Suite, Apt. 22 Salf	Sprinds Fl	27	0	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	<u>-</u>	City & State 28 53/7 507		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24 32/3	Country	Zip	Country	8. This corporation has liability for it	
24 3213	9. Name and Address of Current		0 F/	Florida Statutes 10. Name and Address of New Reg	Yes No
	TER, HAZEL E. 130TH ST.	Tropical and angelin		Address (P.O. Box Number is Not Acceptab	M.
24860 N.I	E. 1301FI 51.		83	25301 n.E. 13802	
I SALT SPA	GS. FL 32134			Salt Sprinds	
OALI OF	OO. 1 L 02104		84 City	/ 3 '	FL 85 Zip Code 32/844
11. Pursuant	to the provisions of Sections 617.0502	2 and 617.1508, Florida Statutes	the above-named	corporation submits this statement for the pr	urpose of changing its registere
office or i agent. I a	registered agent, or both, in the State am familiar with, and accept the ob <u>lig</u> a	of Florida. Such change was au itions of, Section 617.0503, Flori	thorized by the corp da Statutes.	poration's board of directors. I hereby accep	the appointment as registered
		_			2-8-97
	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE I		required when reinstating)	DATE
12.	OFFICERS AND	D DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12 Change Addition
NAME	STEINER, MAURICE	L. Dett.it	1.1 TITLE 1.2 NAME		Change Ci Adulti
STREET ADDRESS	25301 N.E. 138TH PL.		1.3 STREET ADDRESS		
CITY-ST-ZIP	SALT SPGS. FL		1.4 CITY - ST - ZIP		
TITLE	DVC	DELETE	2.1 TITLE		Change Additi
NAME	BRETT, JOHN		2.2 NAME		
STREET ADDRESS	13760 NE 238TH		2.3 STREET ADDRESS		
CITY-ST-ZIP	FT MCCOY FL		2.4 CITY-ST-ZIP	·	
TITLE	DS	DELETE	3.1 TITLE	DS.	Change Additi
NAME	CARPENTR, HAZEL		3.2 NAME	Steiner Lois M 25301 n.E. 1384 Salt Springs, 1	ė.
STREET ADDRESS	24860 N.E. 130TH ST.		3.3 STREET ADDRESS	25 30/ n.e. 138	[*X .
CITY-ST-ZIP	SALT SPGS. FL	11 35052	3.4. CITY-ST-ZIP	Sair springs,	
TITLE	DT NADY	L DELETE	4.1 TITLE		☐ Change ☐ Additi
NAME	BRETT, MARY		4. 2 NAME		
STREET ADDRESS	13760 N.E. 238TH CT. FT. MCCOY FL		4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	D D	DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition
NAME	ASHWORTH, LOUISE		5.2 NAME	·	House
STREET ADORESS	23490 N.E. 154TH PL.		5.3 STREET ADDRESS		
CITY-ST-ZIP	SALT SPGS. FL		5.4 CITY-ST-ZIP		
TITLE	D	DELETE	6.1 TITLE	·	☐ Change ☐ Addition
NAME	ANTHONY, AUDREY		6.2 NAME		
STREET ADDRESS	23490 NE 154TH PL		6.3 STREET ADDRESS		•
CITY-ST-ZIP	SALT SPRINGS FL		6.4 CITY-ST-ZIP		
44 1 4 5 5 5 5 5 5 5	E	records and a form of the contract of the	£ N	total in Continue 440 07/0V/V Florida Otto Ann	4.7 11 22 41 1.41

14. If do 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 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

SIGNATURE AND TYPED OR PRINTED N

ED NAME OF SIGNING OFF

SIGNING DEFICER OR DIRECTOR

2-2-97

Daytime Phone 6002779