


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

**FILED**  
**Feb 06 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N40512 (8)**  
 1. Corporation 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
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3. Date Incorporated or Qualified <b>09/13/1990</b>
4. FEI Number <b>59-2969571</b>
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 <b>24571 NE Hwy 316</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>24571 NE Hwy 316</b> Suite, Apt. #, etc.
22 <b>Salt Springs, FL</b>	27 <b>Salt Springs FL 32134</b>
23 <b>32134</b> Marion	28 City & State
24 Zip	29 <b>32134</b>
25 Country	30 <b>Marion</b>

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

**STEINER, LOIS M.**  
**25301 N.E. 138TH PLACE**  
**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
85 Zip Code

**FL**

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 Lois Steiner DATE 1-10-98

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**12. OFFICERS AND DIRECTORS**

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	BRETT, JOHN	
STREET ADDRESS	13760 NE 238TH	
CITY - ST - ZIP	FT MCCOY FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	STEINER, LOIS M.	
STREET ADDRESS	25301 N.E. 138TH PLACE	
CITY - ST - ZIP	SALT SPGS. FL	
TITLE	DT	<input checked="" 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 type="checkbox"/> DELETE
NAME	ANTHONY, AUDREY	
STREET ADDRESS	23490 NE 154TH PL	
CITY - ST - ZIP	SALT SPRINGS FL	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE	DVC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Kenneth Coleman	
2.3 STREET ADDRESS	24365 NE 127th	
2.4 CITY - ST - ZIP	Salt Spgs, Fl 32134	
3.1 TITLE	ADS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Shirley DeAngelo	
3.3 STREET ADDRESS	23560 NE 122nd	
3.4 CITY - ST - ZIP	Salt Spgs, Fl 32134	
4.1 TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Joan Lawrence	
4.3 STREET ADDRESS	25218 NE Hwy 316	
4.4 CITY - ST - ZIP	Salt Springs, Fl	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Hester Faircloth	
5.3 STREET ADDRESS	4957 NE 130th	
5.4 CITY - ST - ZIP	Salt Spgs, Fl 32134	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Marie Coleman	
6.3 STREET ADDRESS	24365 NE 127th	
6.4 CITY - ST - ZIP	Salt Spgs, Fl	

14. 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 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: Lois Steiner DATE: 1/10/98

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GR2E037 (10/97)