FILE NOW: FILING FEE IS \$61.25

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

28

29

Zip

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 **DOCUMENT # N40512**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

22

23

24

Zip

SALT SPRINGS CHRISTIAN CHURCH, INC.

Country

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

9. Name and Address of Current Registered Agent

FILED Mar 03, 1999 8:00 am § Secretary of State

03-03-1999 90117 037 ****61.25

1 10011191 614 6161 66161	 IN e r a n ar a n aran 2000

 \Box

3. Date Incorporated or Qualifed

5. Certificate of Status Desired

6. Election Campaign Financing

10. Name and Address of New Registered Agent

Trust Fund Contribution

09/13/1990

59-2969571

FEI Number

STEINER, LOIS M. 25301 N.E. 138TH PLACE SMLT SPOS. FL 32134 Note address Charge 82 Street Address (P.O. Box Number is Not Acceptable) 83 Octor 84 City FL 85 Zip Code 344 72 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DC DELETE	1.1 TITLE	D ☐ Change 🙀 Addi	ion		
NAME	STEINER, MAURICE	1.2 NAME	Coleman, Marie	ļ		
STREET ADDRESS	STEINER, MAURICE 25001 N.E. 190711 PL. Note adelus SALT SPGS-FL Change above	1.3 STREET ADDRESS	24365 NE 127th			
CITY-ST-ZIP	SALT SPGS FL Change	1.4 CITY-ST-ZIP	Salt Spgs. Fl			
TITLE	DVC DELETE	2.1 TITLE	D □ Change	tion		
NAME	COLEMAN, KENNETH	2.2 NAMÉ	Faircloth, Hester	1		
STREET ADDRESS	24365 NE 127TH	2.3 STREET ADDRESS	24759 NE 130th St.	}		
CITY-ST-ZIP	SALT SPGS FL 32134	2.4 CITY-ST-ZIP	Ft MC Cov Fl			
TITLE	DS DELETE	3.1 TITLE	Change Addit	tion :		
NAME	STEINER, LOIS M. Note addless	3.2 NAME	·	- 1		
STREET ADDRESS	STEINER, LOIS M. Note addisse 25001 N.E. 190TH PLACE Change above SALT SPGS. FL	3.3 STREET ADDRESS				
CITY-ST-ZIP	SALT SPGS_FL	3.4. CITY-ST-ZIP				
TITLE	DT □ DELETE	4.1 TITLE	Change Addi	tion		
NAME	LAWRENCE, JOAN	4.2 NAME	•			
STREET ADDRESS	25218 NE HWY 316	4.3 STREET ADDRESS				
CITY+ST-ZIP	SALT SPRINGS FL	4.4 CITY-ST-ZIP				
TITLE	D DELETE	5.1 TITLE	☐ Change ☐ Addit	tion		
NAME	ASHWORTH, LOUISE	5.2 NAME	•	ļ		
STREET ADDRESS	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 ☐ Addi	tion		
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	A CONTROL CANAL LEAST A SECRETARIAN AND A SECRET			

Country

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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, with all other like empowered. Los M. Steiner

SIGNATURE:

7-3629

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable