

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 17, 2000 8:00 am**  
**Secretary of State**

03-17-2000 90008 041 \*\*\*\*61.25

**DOCUMENT # N40512**

1. Entity Name

**SALT SPRINGS CHRISTIAN CHURCH, INC.**

Principal Place of Business

Mailing Address

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

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2969571**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STEINER, LOIS M.**  
**13 BAHIA COURSE LN**  
**OCALA FL 34472**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  Delete  
 NAME **DC**  
**STEINER, MAURICE**  
 STREET ADDRESS **13 BAHIA COURSE LN**  
 CITY-ST-ZIP **OCALA FL 34472**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **DVC**  
**COLEMAN, KENNETH**  
 STREET ADDRESS **24365 NE 127TH**  
 CITY-ST-ZIP **SALT SPGS FL 32134**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **DS**  
**STEINER, LOIS M.**  
 STREET ADDRESS **13 BAHIA COURSE LN**  
 CITY-ST-ZIP **OCALA FL 34472**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **DT**  
**LAWRENCE, JOAN**  
 STREET ADDRESS **25218 NE HWY 316**  
 CITY-ST-ZIP **SALT SPRINGS FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D**  
**ASHWORTH, LOUISE**  
 STREET ADDRESS **23490 N.E. 154TH PL.**  
 CITY-ST-ZIP **SALT SPGS. FL**

TITLE  Change  Addition  
 NAME **D**  
**Faircloth, Hester**  
 STREET ADDRESS **24759 NE 130th St.**  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D**  
**ANTHONY, AUDREY**  
 STREET ADDRESS **23490 NE 154TH PL**  
 CITY-ST-ZIP **SALT SPRINGS FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP **Ft. McCoy, Fl. 32134**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *SIGNATURE REQUIRED*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/2/00*

Date

Daytime Phone #

03-17-2000