

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2002 8:00 am**  
**Secretary of State**

04-24-2002 90256 034 \*\*\*\*61.25

**DOCUMENT # N40512**

1. Entity Name  
**SALT SPRINGS CHRISTIAN CHURCH, INC.**

Principal Place of Business <b>24571 N.E. HWY. 316          SALT SPRINGS FL 32134          US</b>	Mailing Address <b>24571 N.E. HWY. 316          SALT SPRINGS FL 32134          US</b>
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2. Principal Place of Business <b>SAME</b> Suite, Apt. #, etc.	3. Mailing Address <b>SAME</b> Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>59-2969571</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent <b>STEINER, LOIS M.          13 BAHIA COURSE LN          Ocala FL 34472</b>	7. Name and Address of New Registered Agent Name <b>FAIRCLOTH, HESTER</b> Street Address (P.O. Box Number is Not Acceptable) <b>24759 N.E. 130th St.</b> City <b>FT MC COY</b> FL Zip Code <b>32134</b>
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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 *Lois M Steiner* - *Hester M Faircloth* *4-8-02*  
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 DC NAME STEINER, MAURICE STREET ADDRESS 13 BAHIA COURSE LN CITY-ST-ZIP OCALA FL 34472	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE DVC NAME COLEMAN, KENNETH STREET ADDRESS 24365 NE 127TH CITY-ST-ZIP SALT SPGS FL 32134	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE DS NAME STEINER, LOIS M. STREET ADDRESS 13 BAHIA COURSE LN CITY-ST-ZIP OCALA FL 34472	<input checked="" type="checkbox"/> Delete	TITLE D NAME SMEAL, SR, ROBERT C. STREET ADDRESS 24770 E. HWY. 316 CITY-ST-ZIP SALT SPRINGS, FL 32134	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE DT NAME LAWRENCE, JOAN STREET ADDRESS 25218 NE HWY 316 CITY-ST-ZIP SALT SPRINGS FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME FAIRCLOTH, HESTER STREET ADDRESS 24759 NE 130TH ST CITY-ST-ZIP FORT MC COY FL 32134	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME GOWTHROP, REX STREET ADDRESS 13323 NE 247TH COURT CITY-ST-ZIP SALT SPRINGS FL 32134	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Maurice Steiner* **SIGNATURE REQUIRED MAURICE STEINER** *4-8-02* *352-687-3629*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)