

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 27, 2003 8:00 am**  
**Secretary of State**

03-27-2003 90112 040 \*\*\*61.25

**DOCUMENT # N40512**

1. Entity 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**

2. Principal Place of Business

**SAME**

3. Mailing Address

**SAME**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2969571**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FAIRCLOTH, HESTER  
24759 NE 130TH ST  
FORT MC COY FL 32134**

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE **DVC** ☐ Change ☒ Addition  
NAME **BROCK, JR. JOHN L.**  
STREET ADDRESS **23671 NE 154 PL RD**  
CITY-ST-ZIP **Salt Springs, FL 32134**

TITLE **D** ☐ Delete  
NAME **SMEAL, ROBERT C SR**  
STREET ADDRESS **24770 E HWY 316**  
CITY-ST-ZIP **SALT SPRINGS FL 32134**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE **DT** ☐ Change ☒ Addition  
NAME **SMEAL, JOMARY C.**  
STREET ADDRESS **24770 E. HWY 316**  
CITY-ST-ZIP **Salt Springs, FL 32134**

TITLE **D** ☐ Delete  
NAME **FAIRCLOTH, HESTER**  
STREET ADDRESS **24759 NE 130TH ST**  
CITY-ST-ZIP **FORT MC COY FL 32134**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **GOWTHROP, REX**  
STREET ADDRESS **13323 NE 247TH COURT**  
CITY-ST-ZIP **SALT SPRINGS FL 32134**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: *Hester Faircloth*

FAIRCLOTH, HESTER

3/22/03

CR2E037 (10/02)