

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Martham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **767247** (0)

1. Corporation Name  
**FIRST BAPTIST CHURCH CITRUS PARK, INC.**



Principal Place of Business: **7705 GUNN HWY TAMPA FL 33625**  
Mailing Address: **7705 GUNN HWY TAMPA FL 33625**

21	2. Principal Place of Business Suite, Apt. #, etc.	26	2a. Mailing Address Suite, Apt. #, etc.
22	22 City & State	27	27 City & State
23	23 Zip	28	28 Zip
24	24 Country	29	29 Country

3. Date Incorporated or Qualified <b>03/02/1983</b>	3a. Date of Last Report <b>01/25/1995</b>
4. FEI Number <b>59-1268217</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**GRANT, JOHN A., JR., ESO.  
1411 N. WESTSHORE BLVD., #100  
TAMPA FL 33607**

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

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 \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

11a	SD KERNS, JAMES 9042 ALLEN CIRCLE TAMPA FL	<input type="checkbox"/> DELETE
11b	VD HOWLETT, JOE 12708 CHE CHE PLACE TAMPA FL	<input type="checkbox"/> DELETE
11c	PD SMITH, GEOFFREY 9512 EDDINGS ROAD ODESSA FL	<input type="checkbox"/> DELETE

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

11	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12	NAME	
13	STREET ADDRESS	
14	CITY-STATE-ZIP	
21	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22	NAME	
23	STREET ADDRESS	
24	CITY-STATE-ZIP	
31	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32	NAME	
33	STREET ADDRESS	
34	CITY-STATE-ZIP	
41	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42	NAME	
43	STREET ADDRESS	
44	CITY-STATE-ZIP	
51	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52	NAME	
53	STREET ADDRESS	
54	CITY-STATE-ZIP	
61	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62	NAME	
63	STREET ADDRESS	
64	CITY-STATE-ZIP	

11a	TITLE	<input type="checkbox"/> DELETE
11b	NAME	
11c	STREET ADDRESS	
11d	CITY-STATE-ZIP	
11e	TITLE	<input type="checkbox"/> DELETE
11f	NAME	
11g	STREET ADDRESS	
11h	CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Geoffrey Smith* 1/17/96 813 253-5321  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date of Filing

CR2E037 (12/95)