FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

FILED						
Jan 29 1998 8:00am						
Secretary of State						

DOCU 1. Corporation	MENT # 76724	7 (0)	F			
FIRST BAPTIST CHURCH CITRUS PARK, INC.						
		**				
Principal Plac	ce of Business	Mailing Address	•		15 B1811 85815 B1811 81811 1881	
7705 GUNN HWY 7705 GUNN HWY TAMPA FL 33625 TAMPA FL 33625			e.	3. Date Incorporated or Qualified		
IAMEN PL 300	23	TAMPA FL 33625	•	03/02/1983		
İ				4. FEI Number 59-1268217	Applied For Not Applicable	
ļ ,	Place of Business	2a. Mailing Address		5. Certificate of Status Desired	\$8.75 Additional	
21 Suite, Apt	# ata	26			Fee Required	
22	, π, etc.	Suite, Apt #, etc.		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
City & Sta	te	City & State		7. Is this nonprofit corporation a homeowner		
Zip	Country	28 Zip	Country		□ No	
24	25	<u></u>	30	This corporation owes or has paid the cur Personal Property Tax due June 30.	rent year Intangible ☐ Yes ☐ No	
	9. Name and Address of Curre			10. Name and Address of New Registered		
			81 Name			
GRANI,	JOHN A., JR., ESQ. WESTSHORE BLVD., #100		82 Street Addre	ess (P.O. Box Number is Not Acceptable)		
	FL 33607		83			
			84 City		85 Zip Code	
44 D	1-0	20		FL	,	
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.						
agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE						
	Signature, typed or printed name of registered ag-		Registered Agent signature require			
12.	OFFICERS AN	ID DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12 Change Addition	
NAME	LEATHERMAN, GARY	built	1,2 NAME		□ pusede □ voquipii	
STREET ADDRESS	16201 ARMISTEAD LANE		1.3 STREET ADDRESS			
CITY-ST-ZIP	ODESSA FL		1.4 City-St-ZiP			
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition	
NAME STREET ADDRESS	HOWLETT, JOE 12708 CHE CHE PLACE		2.2 NAME			
CITY-ST-ZIP	TAMPA FL		2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP			
TITLE	PD	☐ DELETE	3.1 TITLE		Change Addition	
NAME	SMITH, GEOFFREY		3.2 NAME			
STREET ADDRESS	9512 EDDINGS ROAD		3.3 STREET ADDRESS			
CITY-ST-ZIP TITLE	ODESSA FL	DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		Change Addition	
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY - ST - ZIP			
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition	
NAME STREET ADDRESS			5.2 NAME 5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		DELETE	6.1 TITLE		☐ Change ☐ Addition	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP 14. I hereby o	certify that the Information supplied w	ith this filing does not qualify for	6.4 CITY-ST-ZIP the exemption stated in S	ection 119.07(3)(i), Florida Statutes. I further cer	tify 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:

813-253-5321