


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 18, 2005 8:00 am**  
**Secretary of State**

02-18-2005 90050 018 \*\*\*\*61.25

**DOCUMENT # N03000005409**

1. Entity Name  
**REDEEMER PRESBYTERIAN CHURCH OF CITRUS COUNTY, INC.**



Principal Place of Business  
 111 W MAIN ST  
 INVERNESS, FL 34450

Mailing Address  
 111 W MAIN ST  
 INVERNESS, FL 34450

**50017233**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

02082005 Chg-NP CR2E037 (10/03)

City & State  
 Zip Country

4. FEI Number  
**33-1066771**

Applied For  
 Not Applicable

City & State  
 Zip Country

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

City & State  
 Zip Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROTH, STEVE A  
 111 W MAIN ST  
 INVERNESS, FL 34450

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2005**

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	D	<input type="checkbox"/> Delete
NAME	JEFFES, RYAN S	
STREET ADDRESS	960 N HOLLYWOOD CIR	
CITY-ST-ZIP	CRYSTAL RIVER, FL 34429	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROTH, STEVE A	
STREET ADDRESS	4815 S MOHOGONY TERRACE	
CITY-ST-ZIP	INVERNESS, FL 34450	
TITLE	D	<input type="checkbox"/> Delete
NAME	OTTO, MICKEY	
STREET ADDRESS	4730 SANDY HILL ST	
CITY-ST-ZIP	LECANTO, FL 34461	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	919 W. MASSACHUSETTS ST.	
CITY-ST-ZIP	HERNANDO FL 34424	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/05 (852) 726-0077  
 Date Daytime Phone #