


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 23, 2004 8:00 am**  
**Secretary of State**

01-23-2004 90024 033 \*\*\*\*61.25

**DOCUMENT # N99000003248**

1. Entity Name  
**GRACE BIBLE FELLOWSHIP OF CITRUS COUNTY, INC.**



Principal Place of Business  
 2780 N FLORIDA AVE #17 (US 41)  
 HERNANDO, FL 34442

Mailing Address  
 PO BOX 1323  
 HERNANDO, FL 34442

2. Principal Place of Business  
**4979 E. ARBOR ST.**

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

City & State  
**INVERNESS, FL**

City & State  
 Suite, Apt. #, etc.

Zip  
**34452** Country  
**USA**



01082004 Chg-NP CR2E037 (10/03)

5. Name and Address of Current Registered Agent

**JONES, EDWIN R**  
**5910 W LEITH COURT**  
**CRYSTAL RIVER, FL 34429**

4. FEI Number  
**59-3574892**

Applied For  
 Not Applicable

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

7. Name and Address of New Registered Agent

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, 2004**

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 NAME JONES, EDWIN STREET ADDRESS 5910 W LEITH CT CITY-ST-ZIP CRYSTAL RIVER, FL 34429	<input type="checkbox"/> Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE CD NAME ROWSEY, CURTIS STREET ADDRESS 2500 S CARNEGIE DR CITY-ST-ZIP INVERNESS, FL 34450	<input type="checkbox"/> Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD NAME DYER, MERRITT STREET ADDRESS 2971 E DAWSON DRIVE CITY-ST-ZIP INVERNESS, FL 34451	<input type="checkbox"/> Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD NAME FRUM, MERLIN STREET ADDRESS 3017 E FOX CT CITY-ST-ZIP INVERNESS, FL 34452	<input type="checkbox"/> Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME JOHNSON, JIM STREET ADDRESS 11506 SEMINOLE ROAD CITY-ST-ZIP DUNNELLON, FL 34430	<input checked="" type="checkbox"/> Delete	TITLE D NAME BURNHAM, TOM STREET ADDRESS 3988 E. BYRD ST. CITY-ST-ZIP INVERNESS, FL 34452	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE VD NAME HILE, ALLEN STREET ADDRESS 8279 N. GIGNAC DR CITY-ST-ZIP HERNANDO, FL 34442	<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:** *Edwin R. Jones* **EDWIN R. JONES** 1/22/04 352-563-2101  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #