

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003248

FILED
Jan 15, 2008
Secretary of State

Entity Name: GRACE BIBLE FELLOWSHIP OF CITRUS COUNTY, INC.

Current Principal Place of Business:

4979 E ARBOR ST.
INVERNESS, FL 34452

New Principal Place of Business:

Current Mailing Address:

PO BOX 1323
HERNANDO, FL 34442

New Mailing Address:

FEI Number: 59-3574892 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JONES, EDWIN R
1553 N. ENDICOTT PT.
CRYSTAL RIVER, FL 34429 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: JONES, EDWIN
Address: 1553 N. ENDICOTT PT.
City-St-Zip: CRYSTAL RIVER, FL 34429

Title: D () Delete
Name: BARND, ROBERT
Address: 2339 RENTON LN.
City-St-Zip: SPRING HILL, FL 34453

Title: SD () Delete
Name: DYER, MERRITT
Address: 2971 E DAWSON DRIVE
City-St-Zip: INVERNESS, FL 34451

Title: TD () Delete
Name: FRUM, MERLIN
Address: 3017 E FOX CT
City-St-Zip: INVERNESS, FL 34452

Title: VD () Delete
Name: BURNHAM, TOM
Address: 3988 E. BYRD ST.
City-St-Zip: INVERNESS, FL 34452

Title: D () Delete
Name: BARTECK, WES
Address: 3000 E. FOX CT.
City-St-Zip: INVERNESS, FL 34451

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDWIN R. JONES

PD

01/15/2008

Electronic Signature of Signing Officer or Director

_____ Date