

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000001860

1. Entity Name

CITRUS RIDGE BIBLE CHURCH, INC.

**FILED**  
**Sep 08, 2002 8:00 am**  
**Secretary of State**

09-08-2002 90117 002 \*\*\*\*61.25

Principal Place of Business

Mailing Address

POST OFFICE BOX 640483  
 BEVERLY HILLS FL 34464-0483

POST OFFICE BOX 640483  
 BEVERLY HILLS FL 34464-0483

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3624554

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

MCNELLY, BRIAN V  
 8332 N UPLAND DR  
 CITRUS SPG FL 34434

7. Name and Address of New Registered Agent

Name **PONDS, JOSEPA R., JR.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2171 W. PINE RIDGE BLVD.**  
 City **BEVERLY HILLS** FL Zip Code **34464**

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

*Joseph R. Ponds, Jr.*  
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**SEPTEMBER 3, 2002**  
 DATE

After September 13, 2002,  
 min. will be \$236.25.

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

\$5.00 May Be  
 Added to Fees

Make Check Payable to  
 Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	TUELL, JAMES O MR.	
STREET ADDRESS	8332 N UPLAND DR	
CITY-ST-ZIP	CITRUS SPG FL 34434	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SPENCER, MARLOWE	
STREET ADDRESS	850 W BUTTON BUSH DR	
CITY-ST-ZIP	BEVERLY HILLS FL 34465	
TITLE	D	<input type="checkbox"/> Delete
NAME	SPENCER, MARLOWE MR.	
STREET ADDRESS	850 W. BUTTONBUSH DRIVE	
CITY-ST-ZIP	BEVERLY HILLS FL 34465	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPENCER, MARLOWE	
STREET ADDRESS	850 W. BUTTON BUSH DR.	
CITY-ST-ZIP	BEVERLY HILLS, FL 34465	
TITLE	TD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THOMAS, JOLETTE	
STREET ADDRESS	2171 W. PINE RIDGE BLVD.	
CITY-ST-ZIP	BEVERLY HILLS, FL 34465	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WRIGHT, BRENDA	
STREET ADDRESS	4832 N. BAYWOOD DR.	
CITY-ST-ZIP	BEVERLY HILLS, FL 34465	
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		

CR2E037 (4/02)

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 REQUIRED

*Marlowe Spencer* 9-3-02