

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 24, 2007 8:00 am**  
**Secretary of State**

04-24-2007 90013 045 \*\*\*\*70.00

DOCUMENT # N00000008190

1. Entity Name

THE CHURCH OF JESUS CHRIST OF CITRUS COUNTY,  
INC.



Principal Place of Business

Mailing Address

4041 S SKY LARK TERR.  
HOMOSASSA FL 34444

THE CHURCH OF JESUS CHRIST  
6832 DORIS MARETTA LANE  
HOMOSASSA FL 34446



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-3693716

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STRICKLAND, DALE C  
10882 WEST MISTY ROSE STREET  
HOMOSASSA FL 34448

Name

STRICKLAND, DALE C

Street Address (P.O. Box Number is Not Acceptable)

6822 W DORIS MARETTA LN

City

HOMOSASSA

FL

Zip Code

34446

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

DALE C. STRICKLAND

*Dale C. Strickland*

4/12/07

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25  
Due By May 1, 2007

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

TITLE NAME PD T STRICKLAND, DALE C ☐ Delete  
STREET ADDRESS 10882 WEST MISTY ROSE STREET  
CITY-ST-ZIP HOMOSASSA FL 34448

TITLE NAME VP STRICKLAND, ESTER ☐ Delete  
STREET ADDRESS 10882 WEST MISTY ROSE STREET  
CITY-ST-ZIP HOMOSASSA FL 34448

TITLE NAME T STEPHENS, FRANCES ☐ Delete  
STREET ADDRESS 10758 W WOODLAND PL  
CITY-ST-ZIP HOMOSASSA FL 34448

TITLE NAME S HUGGINS, FRANCES E ☐ Delete  
STREET ADDRESS 10639 W PALMETTO ST.  
CITY-ST-ZIP HOMOSASSA FL 34448

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME PD T STRICKLAND, DALE C. ☒ Change ☐ Addition  
STREET ADDRESS 6822 W DORIS MARETTA LN  
CITY-ST-ZIP HOMOSASSA, FL 34446

TITLE NAME VPT STRICKLAND, ESTER ☒ Change ☐ Addition  
STREET ADDRESS 6822 W DORIS MARETTA LN  
CITY-ST-ZIP HOMOSASSA, FL 34446

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

*Dale C. Strickland*

4/12/07

352-628-2999