

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90261 006 ****61.25

DOCUMENT # N03000006435

1. Entity Name
CITRUS HILLS BIBLE CHURCH, INC.



Principal Place of Business
P O BOX 120689
CLERMONT, FL 34718
34711

Mailing Address
P O BOX 120689
CLERMONT, FL 34718
34711



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03172004

Chg-NP

CR2E037 (10/03)

4. FEI Number

Applied For

20-0116191

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

BAUER, HEATH E
208 SEMINOLE AVE
CLERMONT, FL 34711

SEE NEW ADDRESS ->

Name HEATH BAUER

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

201 HUNT ST.

APT. # 2113

City CLERMONT

FL

Zip Code 34711

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

Signature, typed by full name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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	<input type="checkbox"/> Delete
NAME	BAUER, HEATH E	
STREET ADDRESS	P O BOX 120689	
CITY-ST-ZIP	CLERMONT, FL 34718	
TITLE	D	<input type="checkbox"/> Delete
NAME	RYAN, TOM F	
STREET ADDRESS	P O BOX 120689	
CITY-ST-ZIP	CLERMONT, FL 34718	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAHL, ERIC W	
STREET ADDRESS	P O BOX 120689	
CITY-ST-ZIP	CLERMONT, FL 34718	
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		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	201 Hunt St # 2113	
CITY-ST-ZIP	CLERMONT, FL 34711	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	34711	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	34711	
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

ERIC W. DAHL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ERIC W. DAHL

Date

Daytime Phone #

3/18/04 352-243-4100