2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2009
Secretary of State

DOCUMENT# N06000000831

Entity Name: HOPE BAPTIST CHURCH OF CITRUS COUNTY, INC.

Current Principal Place of Business:

1045 W HAMPSHIRE BLVD
CITRUS SPRINGS, FL 34434 US

New Principal Place of Business:

2653 N LECANTO HWY
LECANTO, FL 34461 US

Current Mailing Address:

P. O. BOX 366
HERNANDO, FL 34442 US

New Mailing Address:

FEI Number: 20-2199054 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

THIBOS, JONATHAN
1045 W HAMPSHIRE BLVD
CITRUS SPRINGS, FL 34434 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: THIBOS, JONATHAN
Address: 1045 W HAMPSHIRE BLVD
City-St-Zip: CITRUS SPRINGS, FL 34434 US

Title: VD ( ) Delete
Name: COLWELL, EDWARD
Address: 4354 N DODGE CITY DR
City-St-Zip: BEVERLY HILLS, FL 34465 US

Title: S ( ) Delete
Name: BIGGS, MATT
Address: 1387 E MCKINLEY ST
City-St-Zip: HERNANDO, FL 34442 US

Title: T ( ) Delete
Name: PLACE, LISA
Address: 1504 E MCKINLEY ST
City-St-Zip: HERNANDO, FL 34442 US

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
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: EDWARD M COLWELL VD 02/07/2009

Electronic Signature of Signing Officer or Director — Date