

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000011026

FILED
Feb 13, 2007
Secretary of State

Entity Name: LIFEPOINT COMMUNITY CHURCH OF CITRUS COUNTY, INC.

Current Principal Place of Business:

3839 E. ALLENDALE STREET
INVERNESS, FL 34453

New Principal Place of Business:

Current Mailing Address:

3839 E. ALLENDALE STREET
INVERNESS, FL 34453

New Mailing Address:

FEI Number: 20-5874341

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GEER, DEBBIE M
3839 E. ALLENDALE STREET
INVERNESS, FL 34453 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: TEMPLE, RYAN
Address: 1029 LEHIGH TERRACE
City-St-Zip: INVERNESS, FL 34452

Title: SD () Delete
Name: GEER, DEBBIE M
Address: 3839 E. ALLENDALE STREET
City-St-Zip: INVERNESS, FL 34453

Title: VD () Delete
Name: EADLER, GREIG
Address: 4480 E. STOER LANE
City-St-Zip: FLORAL CITY, FL 34436

Title: D () Delete
Name: AKINS, JERILYNN
Address: 1009 TULANE TERRACE
City-St-Zip: INVERNESS, FL 34450

Title: T (X) Delete
Name: AKINS, JERI
Address: 3839 E. ALLENDALE STREET
City-St-Zip: INVERNESS, FL 34453

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: TD (X) Change () Addition
Name: AKINS, JERILYNN
Address: 1009 TULANE TERRACE
City-St-Zip: INVERNESS, FL 34450

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

I hereby certify that the information supplied with this filing does not qualify for the 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: DEBBIE M GEER

SD

02/13/2007

Electronic Signature of Signing Officer or Director

Date