## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N06000011026

FILED Mar 16, 2008 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

3839 E. ALLENDALE STREET INVERNESS, FL 34453

Current Mailing Address: New Mailing Address:

3839 E. ALLENDALE STREET 1029 LEHIGH TERRACE INVERNESS, FL 34453 INVERNESS, FL 34452

FEI Number: 20-5874341 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GEER, DEBBIE M TEMPLE, BRIDGET J
3839 E. ALLENDALE STREET 1029 LEHIGH TERRACE
INVERNESS, FL 34453 US INVERNESS, FL 34452 US

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: BRIDGET TEMPLE 03/16/2008

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition
Name: TEMPLE, RYAN Name: TEMPLE, RYAN L
Address: 1029 LEHIGH TERRACE Address: 1029 LEHIGH TERRACE

 Address:
 1029 LEHIGH TERRACE
 Address:
 1029 LEHIGH TERRACE

 City-St-Zip:
 INVERNESS, FL 34452
 City-St-Zip:
 INVERNESS, FL 34452

Title: SD ( ) Delete Title: SD (X) Change ( ) Addition Name: GEER, DEBBIE M Name: TEMPLE, BRIDGET J

Address: 3839 E. ALLENDALE STREET Address: 1029 LEHIGH TERRACE
City-St-Zip: INVERNESS, FL 34453 City-St-Zip: INVERNESS, FL 34452

 $\label{eq:title:title:vd} \mbox{Title:} \mbox{ VD } \mbox{ ( ) Delete } \mbox{ Title: VD } \mbox{ (X) Change ( ) Addition}$ 

Name: EADLER, GREIG Name: WILFORD, JESSIE

Address: 4480 E. STOER LANE Address: 2670 NORTH VASSER TERRACE

City-St-Zip: FLORAL CITY, FL 34436 City-St-Zip: HERNANDO, FL 34442

Title: TD () Delete Title: () Change () Addition Name: AKINS, JERILYNN Name:

Address: 1009 TULANE TERRACE Address: City-St-Zip: INVERNESS, FL 34450 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: RYAN L TEMPLE PD 03/16/2008