

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 02, 2005 08:00 AM**  
**Secretary of State**

|   |  |   |  |  |  |
|---|--|---|--|--|--|
| <b>DOCUMENT # N14775</b><br>1. Entity Name<br><b>CHURCH OF CHRIST OF CITRUS PARK, INC.</b>  |  |   |  |  |  |
| Principal Place of Business<br><b>5105 W. EHRLICH RD.<br/>TAMPA, FL 33624-2040 US</b>   |  |   | Mailing Address<br><b>5105 W EHRLICH RD<br/>TAMPA, FL 33612 US</b>   |  |  |
| 2. Principal Place of Business  |  | 3. Mailing Address  |  |  |  |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.   |  |  |  |
| City & State  |  | City & State  |  |  |  |
| Zip   | Country  | Zip   | Country  |  |  |
| 6. Name and Address of Current Registered Agent   |  |   | 7. Name and Address of New Registered Agent  |  |  |
| <b>QUALLS, MATTHEW<br/>7811 BULLARA DR.<br/>TAMPA, FL 33637</b>   |  |   | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |  |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>  |  |   |  |  |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2005</b>   |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00 May Be<br/>Added to Fees</b>   |  |
| <b>Make check payable to<br/>Florida Department of State</b>  |  |   |  |  |  |
| 10. OFFICERS AND DIRECTORS  |  |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D <input type="checkbox"/> Delete<br><b>GIBSON, DANIEL<br/>19862 WESTWOOD LANE<br/>LAND O' LAKES, FL</b> |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <del>02/02/05-80128-005</del> <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D <input type="checkbox"/> Delete<br><b>PERKINS, ROCKY<br/>14523 HALFWAY LANE<br/>ODESSA, FL</b>         |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | 000000211644 <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>02/02/05-80128-005 61.25 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D <input type="checkbox"/> Delete<br><b>CRAIG, KEITH<br/>9769 FOX CHAPEL ROAD<br/>TAMPA, FL 33647</b>    |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| 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. |  |   |  |  |  |
| <b>SIGNATURE:</b>   |  |   | <b>February 1, 2005</b>  |  |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |  |   | <small>Date Daytime Phone #</small>  |  |  |