

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27563

FILED  
Jan 28, 2005  
Secretary of State

**Entity Name:** GRACE BAPTIST CHURCH OF CITRUS SPRINGS, FLORIDA, INC.

**Current Principal Place of Business:**

2672 W EDISON PLACE  
CITRUS SPRINGS, FL 34434 US

**New Principal Place of Business:**

**Current Mailing Address:**

2672 W EDISON PLACE  
CITRUS SPRINGS, FL 34434 US

**New Mailing Address:**

**FEI Number:** 59-2907222

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MADISON, CLARENCE MR  
22867 SW 119TH STREET  
DUNNELLON, FL 34431 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: D ( ) Delete  
Name: MADISON, CLARENCE MR  
Address: 22867 SW 119TH STREET  
City-St-Zip: DUNNELLON, FL 34431 US

Title: D ( ) Delete  
Name: CARPENTER, CARLTON REV  
Address: 9196 FAWN WAY, NORTH  
City-St-Zip: CITRUS SPRINGS, FL 34434 US

Title: D ( ) Delete  
Name: GORDON, CARL E MR  
Address: 18280 S.W.73RD LOOP  
City-St-Zip: DUNNELLON, FL 34432 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: D (X) Change ( ) Addition  
Name: TOWSLEY, MARTIN J MR  
Address: 524 SOUTH MONROE STREET  
City-St-Zip: BEVERLY HILLS, FL 34465 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CLARENCE MADISON

D

01/28/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date