

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N39873 (7)
1. Corporation Name
FIRST BAPTIST CHURCH OF CITRA, INC.



Principal Place of Business: **18280 N HWY. 301 PO BOX 216 (MAIL) CITRA FL 32113**
Mailing Address: **18280 N HWY. 301 PO BOX 216 (MAIL) CITRA FL 32113**

3. Date Incorporated or Qualified: **08/08/1990**
3a. Date of Last Report: **03/31/1995**
4. FEI Number: **NOT APPLICABLE**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent
**METTS, ESTON
3188 NE 169 ST.
CITRA FL 32113**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered officer or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MATCHETT, EARL	
STREET ADDRESS	18274 NE 16TH TERR	
CITY-ST-ZIP	CITRA FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	METTS, ESTON	
STREET ADDRESS	3188 NE 169TH ST	
CITY-ST-ZIP	CITRA FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	PRIEST, SALLY	
STREET ADDRESS	18040 NE 24TH AVE	
CITY-ST-ZIP	CITRA FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MATCHETT, LOUISE	
STREET ADDRESS	18274 NE 16TH TERRACE	
CITY-ST-ZIP	CITRA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	TOM STEWART	
13 STREET ADDRESS	3886 NE 175 ST. RD. (MAIL) PO BOX 982	
14 CITY-ST-ZIP	CITRA, FL 32113	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE	800001737628	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	-03/08/96--01100--035	
43 STREET ADDRESS	***61.25	
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **TD Louise Matchett** Date: **2-12-96** (904) 595-5641
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (12/95)