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Secretary of State

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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N39873

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/08/1990	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number NOT APPLICABLE	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional - Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
METTS, ESTON 3188 NE 169 ST. CITRA FL 32113				81	Name Thomas Stewart		
				82	Street Address (P.O. Box Number is Not Acceptable) 3886 NE 175 STREET ROAD		
				83			
				84	City CITRA	85	FL

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 office 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 Thomas Stewart **THOMAS STEWART** 1-13-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STEWART, TOM		1.2 NAME		
STREET ADDRESS	3886 NE 175 ST. RD.(PO BX 982)		1.3 STREET ADDRESS		
CITY-ST-ZIP	CITRA FL 32113		1.4 CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	METTS, ESTON		2.2 NAME		
STREET ADDRESS	3188 NE 169TH ST		2.3 STREET ADDRESS		
CITY-ST-ZIP	CITRA FL		2.4 CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SMITH, LUTHER R		3.2 NAME	Ric Fletcher TRUSTEE, CH	
STREET ADDRESS	17892 NE 45 AVE RD		3.3 STREET ADDRESS	16710 NE 45th AVE	
CITY-ST-ZIP	CITRA FL 32113		3.4 CITY-ST-ZIP	CITRA, FL 32113	
TITLE	TD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MATCHETT, LOUISE		4.2 NAME		
STREET ADDRESS	18274 NE 16TH TERRACE		4.3 STREET ADDRESS		
CITY-ST-ZIP	CITRA FL		4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, with all other like empowered.

SIGNATURE: Thomas Stewart **SIGNATURE REQUIRED** 1-13-99 595-3003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)