

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 22, 2001 8:00 am
Secretary of State

02-22-2001 90134 046 ****70.00

0006222

DOCUMENT # N39873

1. Entity 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

720250



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

PO Box 488

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Citra, FL

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

32113

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STEWART, THOMAS
3886 NE 175 ST RD
CITRA FL 32113

7. Name and Address of New Registered Agent

Name **John S. McGee Jr.**
 Street Address (P.O. Box Number is Not Acceptable)
18420 NE 5th Terrace Rd.
PO Box 488 (mail)
 City **Citra** FL Zip Code **32113**

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.

SIGNATURE

John S. McGee Jr.

2-15-01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	STEWART, TOM	
STREET ADDRESS	3886 NE 175 ST. RD.(PO BX 982)	
CITY-ST-ZIP	CITRA FL 32113	
TITLE	PD	<input type="checkbox"/> Delete
NAME	METTS, ESTON	
STREET ADDRESS	3188 NE 169TH ST	
CITY-ST-ZIP	CITRA FL 32113	
TITLE	TC	<input checked="" type="checkbox"/> Delete
NAME	FLETCHER, RIC	
STREET ADDRESS	16710 NE 45TH AVE	
CITY-ST-ZIP	CITRA FL 32113	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MATCHETT, LOUISE	
STREET ADDRESS	18274 NE 16TH TERRACE	
CITY-ST-ZIP	CITRA FL 32113	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robbin Stroud	
STREET ADDRESS	18135 NE 16th Terrace	
CITY-ST-ZIP	Citra, FL 32113	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	@	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John S. McGee Jr.	
STREET ADDRESS	18420 NE 5th Terrace Rd.	
CITY-ST-ZIP	Citra, FL 32113-0488	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.

SIGNATURE:

Thomas Stewart

2-15-01 352-595-4565

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)