


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90098 029 ****61.25

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
~~PO BOX 488~~
~~CITRA, FL 32113 US~~



2. Principal Place of Business

3. Mailing Address
P.O. Box 216

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01072004 Chg-NP CR2E037 (10/03)

City & State
Citra, FL

4. FEI Number
NOT APPLICABLE

Applied For
 Not Applicable

Zip
32113

Country
USA

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

MCGEE, JOHN S JR
18420 NE 5TH TERRACE RD
~~PO BOX 488~~
~~CITRA, FL 32113~~

7. Name and Address of New Registered Agent

Name
Phyllis Joiner

Street Address (P.O. Box Number is Not Acceptable)
17900 NE 45 AVE RD

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Phyllis A Joiner* **Phyllis A Joiner** chairman 04-15-04

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

Filing Fee is \$61.25
 Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
PD	STEWART, TOM	3886 NE 175 ST. RD. (PO BX 982)	CITRA, FL 32113	<input checked="" type="checkbox"/>
D	METTS, ESTON	3188 NE 169TH ST	CITRA, FL 32113	<input type="checkbox"/>
D	STROUD, ROBBIN	18135 NE 16TH TERRACE	CITRA, FL 32113	<input checked="" type="checkbox"/>
TD	MATCHETT, LOUISE	18274 NE 16TH TERRACE	CITRA, FL 32113	<input type="checkbox"/>
C	MCGEE, JOHN S JR	18420 NE 5TH TERRACE RD	CITRA, FL 321130498	<input checked="" type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
CD	Phyllis Joiner	17900 N.E. 45 AVE Rd.	Citra, FL 32113	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	Glen Smith	1427 NE 180 St.	Citra, FL 32113	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	Jim Stratton	13881 NE 53 Ct Rd	Citra, FL 32113	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Phyllis A Joiner* **PHYLLIS A JOINER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **04-15-04** Daytime Phone # **352-595-7300**