


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 26, 2005 08:00 AM
Secretary of State

DOCUMENT # N39873 1. Entity Name FIRST BAPTIST CHURCH OF CITRA, INC.	
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Principal Place of Business 18280 N HWY. 301 PO BOX 216 (MAIL) CITRA FL 32113	Mailing Address P.O. BOX 216 CITRA FL 32113 US
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2. Principal Place of Business	3. Mailing Address
Suite, Apt #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E037 (10/04)

4. FEI Number NO-T APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**JOINER, PHYLLIS
17900 NE 46 AVE. RD
CITRA FL 32113**

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City _____ **FL** Zip Code _____

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

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	CD JOINER, PHYLLIS 17900 NE 45 AVE. RD CITRA FL 32113 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D METTS, ESTON 3188 NE 169TH ST CITRA FL 32113 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D SMITH, GLEN 1427 NE 180 ST. CITRA FL 32113 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TD MATCHETT, LOUISE 18274 NE 16TH TERRACE CITRA FL 32113 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D STRATTON, JIM 13881 NE 53 CT. RD. CITRA FL 32113 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition U00000277426 03/26/05-80029-003 61.25
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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* 03-23-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #