

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 08:00 AM
Secretary of State

DOCUMENT # N39873

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
 P.O. BOX 216
 CITRA, FL 32113 US



02212006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

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

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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

Signature, typed or printed name of registered agent and the filer applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	CO
NAME	JOINER, PHYLLIS
STREET ADDRESS	17900 NE 45 AVE. RD
CITY - ST - ZIP	CITRA, FL 32113
TITLE	D
NAME	METTS, ESTON
STREET ADDRESS	3188 NE 169TH ST
CITY - ST - ZIP	CITRA, FL 32113
TITLE	D
NAME	SMITH, GLEN
STREET ADDRESS	1427 NE 180 ST.
CITY - ST - ZIP	CITRA, FL 32113
TITLE	TD
NAME	MATCHETT, LOUISE
STREET ADDRESS	18274 NE 16TH TERRACE
CITY - ST - ZIP	CITRA, FL 32113
TITLE	D
NAME	STRATTON, JIM
STREET ADDRESS	13881 NE 53 CT. RD.
CITY - ST - ZIP	CITRA, FL 32113
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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 03/08/06-80065-013 61.25

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Joiner*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #