


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 02, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N39873</b> 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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03272007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>NOT APPLICABLE</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE IN THIS SPACE**

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* DATE 03-28-07  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

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

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

000000687075  
04/10/07-80025-022 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 A. Joiner* DATE 03-28-07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #