


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 06, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # N39873</b> 1. Entity Name <b>FIRST BAPTIST CHURCH OF CITRA, INC.</b>	
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Principal Place of Business <b>18280 N HWY. 301 PO BOX 216 ( MAIL ) CITRA FL 32113</b>	Mailing Address <b>P.O. BOX 216 CITRA FL 32113 US</b>
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E037 (10/07)

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

<b>6. Name and Address of Current Registered Agent</b>  <b>JOINER, PHYLLIS 17900 NE 46 AVE. RD CITRA FL 32113</b>
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<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City
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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: *Phyllis A. Joiner* DATE: 03-04-08

Signature, last or printed name of registered agent in Florida (NOTE: Registered Agent signature is required when reinstating)

**FILE NOW - FEE IS \$61.25  
Due By May 1, 2008**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
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	<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	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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* **PHYLLIS A. JOINER** 03-04-08