2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39873

FILED Apr 15, 2009 Secretary of State

Entity Name: FIRST BAPTIST CHURCH OF CITRA, INC.

Current Principal Place of Business: New Principal Place of Business: 18280 N HWY, 301 18280 N HWY, 301 PO BOX 216 (MAIL) CITRA, FL 32113 CITRA, FL 32113 **Current Mailing Address: New Mailing Address:** P.O. BOX 216 CITRA, FL 32113 US FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: JOINER, PHYLLIS 17900 NE 46 AVE. RD CITRA, FL 32113 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete JOINER, PHYLLIS Name: Name: Address: 17900 NE 45 AVE. RD Address: City-St-Zip: CITRA, FL 32113 City-St-Zip: Title: () Delete Title: () Change () Addition Name: METTS, ESTON Name: Address: 3188 NE 169TH ST Address: City-St-Zip: CITRA, FL 32113 City-St-Zip: Title: () Delete Title: () Change () Addition SMITH, GLEN Name: Name: Address: 1427 NE 180 ST. Address: City-St-Zip: CITRA, FL 32113 City-St-Zip: () Delete Title: TD Title: () Change () Addition MATCHETT, LOUISE Name: Name: 18274 NE 16TH TERRACE Address: Address: City-St-Zip: CITRA, FL 32113 City-St-Zip: Title: Title: () Delete () Change () Addition STRATTON, JIM Name: Name: 13881 NE 53 CT. RD. Address: Address: CITRA, FL 32113 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PHYLLIS JOINER CD 04/15/2009