

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 08, 2003 8:00 am**  
**Secretary of State**

01-08-2003 90126 031 \*\*\*\*61.25



**DOCUMENT # N39873**

1. Entity Name  
**FIRST BAPTIST CHURCH OF CITRA, INC.**



CHECK HERE IF MAKING CHANGES

Principal Place of Business      Mailing Address  
18280 N HWY. 301      PO BOX 488  
PO BOX 216 ( MAIL )      CITRA FL 32113  
CITRA FL 32113      US

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

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

7. Name and Address of New Registered Agent

**MCGEE, JOHN S JR**  
**18420 NE 5TH TERRACE RD**  
**PO BOX 488**  
**CITRA FL 32113**

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: *John S. McGehee Jr*      DATE: **1-3-03**  
Signature, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	STEWART, TOM	
STREET ADDRESS	3886 NE 175 ST. RD.(PO BX 982)	
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	STROUD, ROBBIN	
STREET ADDRESS	18135 NE 16TH TERRACE	
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	C	<input type="checkbox"/> Delete
NAME	MCGEE, JOHN S JR	
STREET ADDRESS	18420 NE 5TH TERRACE RD	
CITY-ST-ZIP	CITRA FL 32113-0498	
TITLE		<input type="checkbox"/> Delete
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		
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 exemption stated in Section 119.07(3)(i), 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: *Robbin Stroud*      DATE: **1/5/2003**      DAYTIME PHONE #: **352 595-1946**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E037 (10/02)