

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N40914

1. Entity Name

TRINITY BAPTIST CHURCH OF CITRUS CO., INC.

Principal Place of Business

2840 E HAYES STREET
INVERNESS FL 34453
US

Mailing Address

2840 E HAYES STREET
INVERNESS FL 34453
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 59-3030216

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

BLOXTON, JERRY
2840 E HAYES STREET
INVERNESS FL 34453

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.

SIGNATURE Jerry Bloxton PD

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/05/01

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME BLOXTON, JERRY REV
STREET ADDRESS 2840 E HAYES ST
CITY-ST-ZIP INVERNESS FL ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD
NAME HART, DENNIS
STREET ADDRESS 1685 S. VALERIE PT.
CITY-ST-ZIP INVERNESS FL ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD
NAME HART, BARBARA
STREET ADDRESS 1685 S VALERIE PT
CITY-ST-ZIP INVERNESS FL 34453 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T
NAME CORDWELL, MARVIN
STREET ADDRESS 4872 N COTTONWOOD PT
CITY-ST-ZIP HERNANDO FL 34442 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME MCCARTHY, PATRICK
STREET ADDRESS 4593 N APACHE
CITY-ST-ZIP HERNANDO FL 34442 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Jerry Bloxton PD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/05/01

Date

(352) 726-0100

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)