
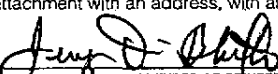


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 29, 2004 08:00 AM**  
**Secretary of State**

|   |  |   |  |  |  |
|---|--|---|--|--|--|
| <b>DOCUMENT # N40914</b><br>1. Entity Name<br>TRINITY BAPTIST CHURCH OF CITRUS CO., INC.  |  |   |  |   |  |
| Principal Place of Business<br>2840 E HAYES STREET<br>INVERNESS FL 34453<br>US  |  |   | Mailing Address<br>2840 E HAYES STREET<br>INVERNESS FL 34453<br>US |  |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.   |  |   | 3. Mailing Address<br>Suite, Apt. #, etc.                          |  |  |
| City & State  |  |   | City & State   |  |  |
| Zip   | Country  | Zip   | Country  | 4. FEI Number <b>59-3030216</b> <div style="float: right; border: 1px solid black; padding: 2px;">           Applied For<br/> <input type="checkbox"/> Not Applicable         </div> |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required   |  |   |  | MOORE CR2E037 (11/03)  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>BLOXTON, JERRY</b><br><b>2840 E HAYES STREET</b><br><b>INVERNESS FL 34453</b>   |  |   |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____   |  |   |  |  |  |
| <b>FILE NOW: FEE IS \$61.25</b><br><b>Due By May 1, 2004</b>  |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |  | <b>Make Check Payable to</b><br><b>Florida Department of State</b>   |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |  |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>       |  |  |
| TITLE   | <b>PD</b><br><b>BLOXTON, JERRY REV</b> <input type="checkbox"/> Delete<br><b>2840 E HAYES ST</b><br><b>INVERNESS FL</b>        |   | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>000000021005</b><br><b>01/29/04-80091-006 61.25</b>  |  |
| NAME  |  |   | NAME   |  |  |
| STREET ADDRESS  |  |   | STREET ADDRESS   |  |  |
| CITY - ST - ZIP   |  |   | CITY - ST - ZIP  |  |  |
| TITLE   | <b>TD</b> <input type="checkbox"/> Delete<br><b>HART, DENNIS</b><br><b>1685 S. VALERIE PT.</b><br><b>INVERNESS FL</b>          |   | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME  |  |   | NAME   |  |  |
| STREET ADDRESS  |  |   | STREET ADDRESS   |  |  |
| CITY - ST - ZIP   |  |   | CITY - ST - ZIP  |  |  |
| TITLE   | <b>SD</b> <input type="checkbox"/> Delete<br><b>HART, BARBARA</b><br><b>1685 S VALERIE PT</b><br><b>INVERNESS FL 34453</b>     |   | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME  |  |   | NAME   |  |  |
| STREET ADDRESS  |  |   | STREET ADDRESS   |  |  |
| CITY - ST - ZIP   |  |   | CITY - ST - ZIP  |  |  |
| TITLE   | <b>I</b> <input type="checkbox"/> Delete<br><b>CORDWELL, MARVIN</b><br><b>4872 N COTTONWOOD PT</b><br><b>HERNANDO FL 34442</b> |   | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME  |  |   | NAME   |  |  |
| STREET ADDRESS  |  |   | STREET ADDRESS   |  |  |
| CITY - ST - ZIP   |  |   | CITY - ST - ZIP  |  |  |
| TITLE   | <b>D</b> <input type="checkbox"/> Delete<br><b>RANDOLPH, BILL</b><br><b>4608 CHIRPER DR</b><br><b>LECANTO FL 34461</b>         |   | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME  |  |   | NAME   |  |  |
| STREET ADDRESS  |  |   | STREET ADDRESS   |  |  |
| CITY - ST - ZIP   |  |   | CITY - ST - ZIP  |  |  |
| TITLE   | <input type="checkbox"/> Delete  |   | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME  |  |   | NAME   |  |  |
| STREET ADDRESS  |  |   | STREET ADDRESS   |  |  |
| CITY - ST - ZIP   |  |   | 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. |  |   |  |  |  |
| <b>SIGNATURE:</b>  <b>JERRY D. BLOXTON</b> <b>1-26-04</b> <b>(352) 726-0100</b>  |  |   |  |  |  |