

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 30, 2005 8:00 am**  
**Secretary of State**

03-30-2005 90026 047 \*\*\*\*61.25

**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.

1st MOORE CR2E037 (10/04)

City & State

City & State

4. FEI Number

59-3030216

Applied For

Not Applicable

Zip

Country

Zip

Country

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By: May 1, 2005**

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  
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 T  
NAME Smith, James  
STREET ADDRESS 2539 Center St.  
CITY-ST-ZIP Inverness, FL 34453 ☒ Change ☐ Addition

TITLE D  
NAME RANDOLPH, BILL  
STREET ADDRESS 4608 CHIRPER DR  
CITY-ST-ZIP LECANTO FL 34461 ☐ 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 D. Bloxton*

Jerry D. Bloxton

3/28/05

352 726-0100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #