


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 23, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N40914</b>	
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
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01152006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3030216	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  BLOXTON, JERRY 2840 E HAYES STREET INVERNESS, FL 34453	<b>DO NOT WRITE IN THIS SPACE</b>
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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: Reg. State Agent signature required when renewing) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PO BLOXTON, JERRY REV 2840 E HAYES ST INVERNESS, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD HART, DENNIS 1685 S. VALERIE PT. INVERNESS, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD HART, BARBARA 1685 S VALERIE PT INVERNESS, FL 34453
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T SMITH, JAMES 2539 CENTER ST INVERNESS, FL 34453
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RANDOLPH, BILL 4608 CHIRPER DR LECANTO, FL 34461
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000396315  
01/30/06-80005-013 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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** 1/19/06 352 726-0100  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #