

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40914

FILED
Jan 18, 2009
Secretary of State

Entity Name: TRINITY BAPTIST CHURCH OF CITRUS CO., INC.

Current Principal Place of Business:

2840 E HAYES STREET
INVERNESS, FL 34453 US

New Principal Place of Business:

Current Mailing Address:

2840 E HAYES STREET
INVERNESS, FL 34453 US

New Mailing Address:

FEI Number: 59-3030216

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLOXTON, JERRY
2840 E HAYES STREET
INVERNESS, FL 34453 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BLOXTON, JERRY REV
Address: 2840 E HAYES ST
City-St-Zip: INVERNESS, FL

Title: TD () Delete
Name: HART, DENNIS
Address: 1685 S. VALERIE PT.
City-St-Zip: INVERNESS, FL

Title: SD () Delete
Name: HART, BARBARA
Address: 1685 S VALERIE PT
City-St-Zip: INVERNESS, FL 34453

Title: T () Delete
Name: SMITH, JAMES
Address: 2539 CENTER ST
City-St-Zip: INVERNESS, FL 34453

Title: D () Delete
Name: RANDOLPH, BILL
Address: 4608 CHIRPER DR
City-St-Zip: LECANTO, FL 34461

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BLOXTON, JERRY REV
Address: 2840 E HAYES ST
City-St-Zip: INVERNESS, FL 34453

Title: D (X) Change () Addition
Name: HART, DENNIS
Address: 1685 S. VALERIE PT.
City-St-Zip: INVERNESS, FL 34453

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: TOURIGNY, LAWRENCE H
Address: 5076 WEST YUMA LANE
City-St-Zip: BEVERLY HILLS, FL 34465

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JERRY BLOXTON

PD

01/18/2009

Electronic Signature of Signing Officer or Director

Date