

**2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Dec 02, 2009**  
**Secretary of State**

DOCUMENT# N48472

**Entity Name:** NORTH OAK BAPTIST CHURCH OF CITRUS COUNTY, INC.**Current Principal Place of Business:**9324 N. ELKAM BOULEVARD  
CITRUS SPRINGS, FL 34433 US**New Principal Place of Business:****Current Mailing Address:**9324 N. ELKAM BOULEVARD  
CITRUS SPRINGS, FL 34433 US**New Mailing Address:****FEI Number:** 59-3124408**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**JOHNSON, BARBARA  
380 N. CORBIN AVE  
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: COFFEY, MICHAEL L  
Address: 6330 N. CHERRY TREE TERR  
City-St-Zip: HERNANDO, FL 34442

Title: TD ( ) Delete  
Name: MCNELLY, BRIAN  
Address: 2998 W CYPRESS DR  
City-St-Zip: DUNNELON, FL 34433

Title: SD ( ) Delete  
Name: WIDENER, TAMY  
Address: 8578 N. PINE NEEDLE TERR  
City-St-Zip: CRYSTAL RIVER, FL 34429

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: BAIR, GEORGE  
Address: 9977 SW 192 CIRCLE  
City-St-Zip: DUNNELON, FL 34432

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

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

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: BARBARA JOHNSON

RA

12/02/2009

Electronic Signature of Signing Officer or Director

Date