

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

FILED
Mar 04, 2005 8:00 am
Secretary of State

03-04-2005 90072 005 ****61.25

DOCUMENT # N95000005065

1. Entity Name

SUNCOAST BAPTIST CHURCH OF CITRUS COUNTY, INC.



Principal Place of Business

**5310 S. SUNCOAST BLVD.
HOMOSASSA FL 34446**

Mailing Address

**PO BOX 4635
HOMOSASSA SPRINGS FL 34447**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/04)

4. FEI Number

59-3360519

Applied For

Not Applicable

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

**SARTIN, JOHN
7215 S SORRELL AVE**

~~HOMER FL 34446~~

HOMOSASSA, FL 34446

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

| | | |
|----------------|-------------------------|--|
| TITLE | DIR | <input checked="" type="checkbox"/> Delete |
| NAME | MAFFIT, BOB | |
| STREET ADDRESS | 17610 N. KILLARNEY LANE | |
| CITY-ST-ZIP | HOMOSASSA FL 34448 | |
| TITLE | DIR | <input type="checkbox"/> Delete |
| NAME | GARY, GENE | |
| STREET ADDRESS | 2221 PANTHER POINT | |
| CITY-ST-ZIP | CRYSTAL RIVER FL 34429 | |
| TITLE | DIR | <input type="checkbox"/> Delete |
| NAME | SWISHER, GORDON | |
| STREET ADDRESS | 6760 W OST-WEST | |
| CITY-ST-ZIP | HOMOSASSA FL 34446 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|---------------------|--|
| TITLE | Dir | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | JACK Dwyden | |
| STREET ADDRESS | 5591 Jeffrey Pt. | |
| CITY-ST-ZIP | HOMOSASSA, FL 34446 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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

Gordon H. Swisher

Gordon H. Swisher 2-28-05

Dir.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

352-628-0812