

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005065

FILED
Mar 31, 2009
Secretary of State

Entity Name: SUNCOAST BAPTIST CHURCH OF CITRUS COUNTY, INC.

Current Principal Place of Business:

5310 S. SUNCOAST BLVD.
HOMOSASSA, FL 34446

New Principal Place of Business:

Current Mailing Address:

PO BOX 4635
HOMOSASSA SPRINGS, FL 34447

New Mailing Address:

FEI Number: 59-3360519

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DRYDEN, JACK
5591 JEFFREY PT.
HOMOSASSA, FL 34446 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: DIR () Delete
Name: DRYDEN, JACK
Address: 5591 JEFFREY PL
City-St-Zip: HOMOSASSA, FL 34446 US

Title: DIR () Delete
Name: CHARLES, BOB
Address: 13010 MALEO ROAD
City-St-Zip: BROOKSVILLE, FL 34614 US

Title: DIR () Delete
Name: WRIGHT, CRAIG
Address: 7031 W. BEDFORDSHIRE LOOP
City-St-Zip: HOMOSASSA, FL 34446 US

Title: DIR () Delete
Name: MOSS, JOHN SR
Address: 3100 S. PORTLAND TERR.
City-St-Zip: HOMOSASSA, FL 34448 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: DIR (X) Change () Addition
Name: HENDERSON, HARVEY W JR
Address: 6406 S EASTERN AVE
City-St-Zip: HOMOSASSA, FL 34446 US

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: JACK DRYDEN

MR.

03/31/2009

Electronic Signature of Signing Officer or Director

Date