

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000005559

FILED  
Jul 13, 2009  
Secretary of State

**Entity Name:** CITRA CHURCH OF GOD INDEPENDENT, INC.

**Current Principal Place of Business:**

19100 NORTH HIGHWAY 301  
CITRA, FL 32113

**New Principal Place of Business:**

**Current Mailing Address:**

19100 NORTH HIGHWAY 301  
CITRA, FL 32113

**New Mailing Address:**

PO BOX 451  
CITRA, FL 32113

**FEI Number:** 59-3267463

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

NORRIS, EDDIE M  
19100 N US HWY 301  
CITRA, FL 32113 US

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: T ( ) Delete  
Name: TURIE, ROBERT  
Address: 148 ORANGE LN  
City-St-Zip: HAWTHORNE, FL 32113

Title: T ( ) Delete  
Name: NORRIS, MARYANN  
Address: 19100 N. HWY 301  
City-St-Zip: CITRA, FL 32113

Title: T ( ) Delete  
Name: NORRIS, EDDIE M  
Address: 19100 N US HWY 301  
City-St-Zip: CITRA, FL 32113

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

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

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: EDDIE M NORRIS

T

07/13/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date