

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS**FILED**
Feb 26, 1999 8:00 am
Secretary of State

02-26-1999 90007 046 ****61.25

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DOCUMENT # N98000003090

1. Corporation Name

FIRST BAPTIST CHURCH OF CITRUS SPRINGS, INC.

Principal Place of Business

12291 N. OAKLEAF TERRACE
DUNNELLON FL 34433

Mailing Address

12291 N. OAKLEAF TERRACE
DUNNELLON FL 34433

2. Principal Place of Business

21 2723 W. Dunnellon Rd.
Suite, Apt. #, etc.

22

City & State

23 Dunnellon, FL 34433

Zip Country

24 34433

25 Citrus

2a. Mailing Address

26 Suite, Apt. #, etc.

27

City & State

28

Zip Country

29

30

3. Date Incorporated or Qualified

05/27/1998

4. FEI Number

59-3468993

Applied For...

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

PEABODY, SHARON
12291 N. OAKLEAF TERRACE
DUNNELLON FL 34433

10. Name and Address of New Registered Agent

81 Name

Sarah Bramlett

82 Street Address (P.O. Box Number is Not Acceptable)

3559 W. Cypress Drive

83

84 City

Dunnellon

FL

85 Zip Code

34433

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

SARAH BRAMLETT

Sarah Bramlett

1-5-99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE

NAME HOLMES, BLAINE PASTOR

STREET ADDRESS 16654 SW 38TH STREET

CITY-ST-ZIP OCALA FL 34481

TITLE VPD ☐ DELETE

NAME BRAMLETT, WALDO

STREET ADDRESS 3559 W. CYPRESS DRIVE

CITY-ST-ZIP DUNNELLON FL 34433

TITLE SD ☒ DELETE

NAME PEABODY, SHARON

STREET ADDRESS 1550 SW 144TH COURT

CITY-ST-ZIP OCALA FL 34481

TITLE TD ☐ DELETE

NAME HEATH, WILBUR

STREET ADDRESS 5135 W. EMY LOU COURT

CITY-ST-ZIP DUNNELLON FL 34433

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition

1.2 NAME Gary Ralls Pastor

1.3 STREET ADDRESS 20167 S.W. 81st Street

1.4 CITY-ST-ZIP Dunnellon, FL 34431

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE SD ☒ Change ☐ Addition

3.2 NAME SARAH BRAMLETT

3.3 STREET ADDRESS 3559 W Cypress Drive

3.4 CITY-ST-ZIP Dunnellon, FL 34433

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SARAH BRAMLETT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-5-99

Date

352-489-6292

Daytime Phone #

CR2E037 (11/98)