

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2001 8:00 am
Secretary of State

02-07-2001 90142 022 ****61.25

DOCUMENT # N98000003090

1. Entity Name

FIRST BAPTIST CHURCH OF CITRUS SPRINGS, INC.

Principal Place of Business

**2723 W DUNNELLON RD
DUNNELLON FL 34433**

Mailing Address

**PO BOX 2450
DUNNELLON FL 34430**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3468993

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fees Required**

6. Name and Address of Current Registered Agent

**BRAMLETT, SARAH
3559 W CYPRESS DRIVE
DUNNELLON FL 34433**

7. Name and Address of New Registered Agent

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.

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**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Delete
NAME **PASTOR, GARY R**
STREET ADDRESS **20167 SW 81ST STREET**
CITY-ST-ZIP **DUNNELLON FL 34431**

TITLE **PD** ☒ Change ☐ Addition
NAME **Pastor Blaine Holmes**
STREET ADDRESS **16654 S.W. 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 **VPD** ☒ Change ☐ Addition
NAME **Arthur Bradshaw**
STREET ADDRESS **6457 W. Riverbend Road**
CITY-ST-ZIP **Dunnellon, FL 34433**

TITLE **SD** ☐ Delete
NAME **BRAMLETT, SARAH**
STREET ADDRESS **3559 W CYPRESS DRIVE**
CITY-ST-ZIP **DUNNELLON FL 34433**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☐ Delete
NAME **NELSON, MARGARET**
STREET ADDRESS **12291 N OAKLEAF TERR**
CITY-ST-ZIP **DUNNELLON FL 34433**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Sarah Bramlett
SARAH BRAMLETT

1-31-01

**352-
489-6292**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)