2002 UNIFORM BUSINESS REPORT (UBR)

Jan 15, 2002 8:00 am Secretary of State DOCUMENT # **N9800003090** FIRST BAPTIST CHURCH OF CITRUS SPRINGS, INC. 01-15-2002 90081 010 ****61.25 Principal Place of Business Mailing Address 2723 W DUNNELLON RD PO ROX 2450 **DUNNELLON FL 34430 DUNNELLON FL 34433** 2. Principal Place of Business 3. Mailing Address 974 W.G. MARTINELLI DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Applied For City & State 59-3468993 Not Applicable CITRUS SPRINGS, FL Country Zip Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HEATH, LUCILE-Street Address (P.O. Box Number is Not Acceptable) BRAMLETT, SARAH 35 WEST EMY LOU COURT 3559 W CYPRESS DRIVE **DUNNELLON FL 34433** Zip Code 34433 DUNNELLON. 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. **JANUARY 9, 2002** SIGNATURE (Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 .OFFICERS AND DIRECTORS 10. Addition CR2E037 (9/01) Change ☐ Delete TITLE TITLE HOLMES, BLAINE P NAME NAME 16654 S.W. 38TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP OCALA FL 34481 VPD Change ☐ Addition TITLE TITLE ☐ Delete BRADSHAW, ARTHUR NAME NAME 6457 W. RIVERBEND ROAD STREET ADDRESS STREET ADDRESS **DUNNELLON FL 34433** CITY-ST-ZIP CITY-ST-ZIP SD Change **▼** Delete TITLE ☐ Addition BRAMLETT, SARAH NAME NAMÉ HEATH, LUCILE - _ _ _ 3559 W CYPRESS DRIVE STREET ADDRESS STREET ADDRESS 5135 WEST EMY LOU CT. CITY-ST-ZIP CITY-ST-ZIP **DUNNELLON FL 34433** DUNNELLON, FL. 34433 🔽 Change ☐ Addition TITLE Delete TD NELSON, MARGARET NAME ROWE, BARBARA 12291 N OAKLEAF TERR STREET ADDRESS STREET ADDRESS 5201 SW 176th avenue CITY-ST-ZIP CITY-ST-ZIP **DUNNELLON FL 34433** DUNNELLON, FL. 34432 Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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:

<u>JANUARY 9,</u>

FILED

2002