

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2002 8:00 am
Secretary of State

01-15-2002 90081 010 ****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
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2. Principal Place of Business 974 W.G. MARTINELLI BLVD.	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State CITRUS SPRINGS, FL. 34434	City & State
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Zip	Country	Zip	Country
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4. FEI Number 59-3468993	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee 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 HEATH, LUCILE
Street Address (P.O. Box Number is Not Acceptable) 5135 WEST EMY LOU COURT
City DUNNELLON, FL Zip Code 34433

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 *Lucile Heath* **JANUARY 9, 2002**
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOLMES, BLAINE P 16654 S.W. 38TH STREET OCALA FL 34481	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BRADSHAW, ARTHUR 6457 W. RIVERBEND ROAD DUNNELLON FL 34433	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BRAMLETT, SARAH 3559 W CYPRESS DRIVE DUNNELLON FL 34433	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD NELSON, MARGARET 12291 N OAKLEAF TERR DUNNELLON FL 34433	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HEATH, LUCILE 5135 WEST EMY LOU CT. DUNNELLON, FL. 34433	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ROWE, BARBARA 5201 SW 176th avenue DUNNELLON, FL. 34432	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *SIGNATURE REQUIRED* **JANUARY 9, 2002**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)