

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 10, 2004 8:00 am**  
**Secretary of State**

02-10-2004 90014 015 \*\*\*\*\*61.25

**DOCUMENT # N98000003090**

1. Entity Name

FIRST BAPTIST CHURCH OF CITRUS SPRINGS, INC.



Principal Place of Business

974 W.G. MARTINELLI BLVD  
CITRUS SPEINGS FL 34434

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  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PEABODY, SHARON  
1550 SW 144TH CT.  
OCALA FL 34481

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME HOLMES, BLAINE P  
STREET ADDRESS 16654 S.W. 38TH STREET  
CITY-ST-ZIP Ocala FL 34481

TITLE VPD ☒ Delete  
NAME BRADSHAW, ARTHUR  
STREET ADDRESS 6457 W. RIVERBEND ROAD  
CITY-ST-ZIP DUNNELLON FL 34433

TITLE SD ☐ Delete  
NAME PEABODY, SHARON  
STREET ADDRESS 1550 SW 144TH CT.  
CITY-ST-ZIP Ocala FL 34481

TITLE TD ☐ Delete  
NAME ROWE, BARBARA  
STREET ADDRESS 5201 S.W. 176TH AVE.  
CITY-ST-ZIP DUNNELLON FL 34432

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE VPD ☒ Change ☒ Addition  
NAME Patricia Dodson  
STREET ADDRESS 10248 W. Deltona Blvd.  
CITY-ST-ZIP Citrus Springs, FL 34434

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

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

TITLE ☐ Change ☐ Addition  
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Sharon Peabody* Sharon Peabody, Church Clerk

1-30-04 352-489-7575