


# 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      Mailing Address

**974 W.G. MARTINELLI BLVD  
 CITRUS SPEINGS FL 34434**      **PO BOX 2450  
 DUNNELLO FL 34430**



MOORE      CR2E037 (11/03)

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      Applied For

**59-3468993**      Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**PEABODY, SHARON  
 1550 SW 144TH CT.  
 Ocala FL 34481**

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

SIGNATURE \_\_\_\_\_ (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	<input type="checkbox"/> Delete
NAME	HOLMES, BLAINE P	
STREET ADDRESS	16654 S.W. 38TH STREET	
CITY-ST-ZIP	OCALA FL 34481	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	BRADSHAW, ARTHUR	
STREET ADDRESS	6457 W. RIVERBEND ROAD	
CITY-ST-ZIP	DUNNELLO FL 34433	
TITLE	SD	<input type="checkbox"/> Delete
NAME	PEABODY, SHARON	
STREET ADDRESS	1550 SW 144TH CT.	
CITY-ST-ZIP	OCALA FL 34481	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ROWE, BARBARA	
STREET ADDRESS	5201 S.W. 176TH AVE.	
CITY-ST-ZIP	DUNNELLO FL 34432	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Patricia Dodson	
STREET ADDRESS	10248 W. Deitona Blvd.	
CITY-ST-ZIP	Citrus Springs, FL 34434	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:** *Sharon Peabody*      Sharon Peabody, Church Clerk      1-30-04      352-489-7575

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #