

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003090

FILED
Mar 26, 2007
Secretary of State

Entity Name: FIRST BAPTIST CHURCH OF CITRUS SPRINGS, INC.

Current Principal Place of Business:

974 W.G. MARTINELLI BLVD
CITRUS SPEINGS, FL 34434

New Principal Place of Business:

Current Mailing Address:

PO BOX 2450
DUNNELLO, FL 34430

New Mailing Address:

FEI Number: 59-3468993 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

NELSON, MARGARET
12291 N OAKLEAF TERRACE
DUNNELLO, FL 34433 US

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: MARGARET NELSON 03/26/2007
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HOLMES, BLAINE P
Address: 16654 S.W. 38TH STREET
City-St-Zip: Ocala, FL 34481

Title: VPD () Delete
Name: DODSON, PATRICIA
Address: 10248 N DEITONA BLVD.
City-St-Zip: DUNNELLO, FL 34433

Title: SD () Delete
Name: PEABODY, SHARON
Address: 1550 SW 144TH CT.
City-St-Zip: Ocala, FL 34481

Title: TD () Delete
Name: ROWE, BARBARA
Address: 5201 S.W. 176TH AVE.
City-St-Zip: DUNNELLO, FL 34432

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MUNSEE, CHARLES J
Address: 10950 W. BENTBOW PATH
City-St-Zip: CRYSTAL RIVER, FL 34428

Title: VPD (X) Change () Addition
Name: BRYANT, NROMA
Address: 47 W WITHLACOCOCHEE TRAIL
City-St-Zip: DUNNELLO, FL 34433

Title: SD (X) Change () Addition
Name: NELSON, MARGARET
Address: 12291 N OAKLEAF TERRACE
City-St-Zip: DUNNELLO, FL 34433

Title: TD (X) Change () Addition
Name: THREADGILL, NARBERINE
Address: 98 S.J. KELLER BLVD.
City-St-Zip: BEVERLY HILLS, FL 34465

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARGARET NELSON SD 03/26/2007
Electronic Signature of Signing Officer or Director Date