## 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: New Principal Place of Business:

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

Current Mailing Address: New Mailing Address:

PO BOX 2450 DUNNELLON, FL 34430

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PEABODY, SHARON

1550 SW 144TH CT.

OCALA, FL 34481 US

NELSON, MARGARET

12291 N OAKLEAF TERRACE

DUNNELLON, 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

City-St-Zip:

## **OFFICERS AND DIRECTORS:**

DUNNELLON, FL 34433

City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

DUNNELLON, FL 34433

 Title:
 PD
 ( ) Delete
 Title:
 PD
 (X) Change ( ) Addition

 Name:
 HOLMES, BLAINE P
 Name:
 MUNSEE, CHARLES J

 Address:
 16654 S.W. 38TH STREET
 Address:
 10950 W. BENTBOW PATH

Address: 16654 S.W. 381H STREET Address: 16950 W. BENTBOW PATH
City-St-Zip: OCALA, FL 34481 City-St-Zip: CRYSTAL RIVER, FL 34428

Title: VPD ( ) Delete Title: VPD (X) Change ( ) Addition

Name:DODSON, PATRICIAName:BRYANT, NROMAAddress:10248 N DEITONA BLVD.Address:47 W WITHLACOOCHEE TRAIL

Title: SD () Delete Title: SD (X) Change () Addition Name: PEABODY, SHARON Name: NELSON, MARGARET

 Address:
 1550 SW 144TH CT.
 Address:
 12291 N OAKLEAF TERRACE

 City-St-Zip:
 OCALA, FL 34481
 City-St-Zip:
 DUNNELLON, FL 34433

Title: TD ( ) Delete Title: TD (X) Change ( ) Addition Name: ROWE, BARBARA Name: THREADGILL, NARBERINE

 Address:
 5201 S.W. 176TH AVE.
 Address:
 98 S.J. KELLER BLVD.

 City-St-Zip:
 DUNNELLON, FL 34432
 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