

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 14, 2003 8:00 am
Secretary of State

01-14-2003 90042 028 ****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**

90001872



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3468993**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**HEALTH, LUCILLE
5135 WEST EMY LOU COURT
DUNNELLON FL 34433**

Name: **Sharon Peabody**
Street Address (P.O. Box Number is Not Acceptable)
1550 SW 144th Ct.
Ocala
City: **Ocala** FL Zip Code **34481**

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 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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **PD** ☒ Change ☐ Addition
NAME **Holmes, Blaine S.**
STREET ADDRESS **16654 S.W. 38th St.**
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 ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☒ Delete
NAME **BRAMLETT, SARAH**
STREET ADDRESS **3559 W CYPRESS DRIVE**
CITY-ST-ZIP **DUNNELLON FL 34433**

TITLE **SD** ☒ Change ☐ Addition
NAME **Sharon Peabody**
STREET ADDRESS **1550 SW 144th Court**
CITY-ST-ZIP **Ocala, FL 34481**

TITLE **TD** ☒ Delete
NAME **NELSON, MARGARET**
STREET ADDRESS **12291 N OAKLEAF TERR**
CITY-ST-ZIP **DUNNELLON FL 34433**

TITLE **TD** ☒ Change ☐ Addition
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 ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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 REQUIRED **Sharon Peabody** **1-10-03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)