## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N99000003248

FILED Jan 10, 2005 Secretary of State

Entity Name: GRACE BIBLE FELLOWSHIP OF CITRUS COUNTY, INC.

**Current Principal Place of Business: New Principal Place of Business:** 4979 E ARBOR ST. INVERNESS, FL 34452 **Current Mailing Address: New Mailing Address:** PO BOX 1323 HERNANDO, FL 34442 FEI Number: 59-3574892 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: JONES, EDWIN R JONES, EDWIN R 5910 W LEITH COURT 1553 N. ENDICOTT PT. CRYSTAL RIVER, FL 34429 CRYSTAL RIVER, FL 34429 US 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: 01/10/2005 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change ( ) Addition JONES, EDWIN JONES, EDWIN Name: Name: 5910 W LEITH CT Address: 1553 N. ENDICOTT PT. Address: City-St-Zip: CRYSTAL RIVER, FL 34429 City-St-Zip: CRYSTAL RIVER, FL 34429 Title: CD () Delete Title: VD (X) Change ( ) Addition ROWSEY, CURTIS Name: ROWSEY, CURTIS Name: Address: 2500 S CARNEGIE DR Address: 2500 S CARNEGIE DR City-St-Zip: INVERNESS, FL 34450 City-St-Zip: INVERNESS, FL 34450 Title: SD () Delete Title: () Change () Addition DYER, MERRITT Name: Name: 2971 E DAWSON DRIVE Address: Address: City-St-Zip: INVERNESS, FL 34451 City-St-Zip: Title: TD ( ) Delete Title: () Change () Addition Name: FRUM, MERLIN Name: 3017 E FOX CT Address: Address: City-St-Zip: INVERNESS, FL 34452 City-St-Zip: Title: () Delete Title: () Change () Addition BURNHAM, TOM Name: Name: 3988 E. BYRD ST. Address: Address: City-St-Zip: INVERNESS, FL 34452 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition HILE, ALLEN HILE, ALLEN Name: Name: Address: 8279 N. GIGNAC DR Address: 8279 N. GIGNAC DR HERNANDO, FL 34442 HERNANDO, FL 34442 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: EDWIN R. JONES MR. 01/10/2005