

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003248

FILED  
Jan 15, 2008  
Secretary of State

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

**Current Principal Place of Business:**

4979 E ARBOR ST.  
INVERNESS, FL 34452

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1323  
HERNANDO, FL 34442

**New Mailing Address:**

FEI Number: 59-3574892      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

JONES, EDWIN R  
1553 N. ENDICOTT PT.  
CRYSTAL RIVER, FL 34429      US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: JONES, EDWIN  
Address: 1553 N. ENDICOTT PT.  
City-St-Zip: CRYSTAL RIVER, FL 34429

Title: D ( ) Delete  
Name: BARND, ROBERT  
Address: 2339 RENTON LN.  
City-St-Zip: SPRING HILL, FL 34453

Title: SD ( ) Delete  
Name: DYER, MERRITT  
Address: 2971 E DAWSON DRIVE  
City-St-Zip: INVERNESS, FL 34451

Title: TD ( ) Delete  
Name: FRUM, MERLIN  
Address: 3017 E FOX CT  
City-St-Zip: INVERNESS, FL 34452

Title: VD ( ) Delete  
Name: BURNHAM, TOM  
Address: 3988 E. BYRD ST.  
City-St-Zip: INVERNESS, FL 34452

Title: D ( ) Delete  
Name: BARTECK, WES  
Address: 3000 E. FOX CT.  
City-St-Zip: INVERNESS, FL 34451

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: EDWIN R. JONES

PD

01/15/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date