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Jan 24 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 747093 (3)**  
1. Corporation Name  
**FIRST BAPTIST CHURCH OF CROOM-A-COOCHIE, INC.**



Principal Place of Business  
ROUTE 301, SOUTH  
P.O. BOX 758  
BUSHNELL FL 33513

Mailing Address  
ROUTE 301, SOUTH  
P.O. BOX 758  
BUSHNELL FL 33513-0758

3. Date Incorporated or Qualified **05/08/1979** 3a. Date of Last Report **03/14/1996**

|   |                                  |  |  |
|---|----------------------------------|--|--|
| 2. Principal Place of Business<br><b>21</b> | 2a. Mailing Address<br><b>26</b> | 4. FEI Number<br><b>59-1581268</b>   | Applied For<br><input type="checkbox"/> Not Applicable |
| Suite, Apt. #, etc.<br><b>22</b>            | Suite, Apt. #, etc.<br><b>27</b> | 5. Certificate of Status Desired <input type="checkbox"/>  | <b>\$8.75</b> Additional Fee Required                  |
| City & State<br><b>23</b>                   | City & State<br><b>28</b>        | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>   | <b>\$5.00</b> May Be Added to Fees                     |
| Zip<br><b>24</b>                            | Country<br><b>25</b>             | 7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |  |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BABBITT, KENNETH**  
**RT 1, BOX 134**  
**LAKE PANASOFFKEE FL 33538**

**81** Name  
**82** Street Address (P.O. Box Number is Not Acceptable)  
**83**  
**84** City **FL** **85** Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                       |                                 |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                 |                                   |  |
|----------------------------|-----------------------|---------------------------------|--|---|---------------------------------|-----------------------------------|--|
| TITLE                      | TD                    | <input type="checkbox"/> DELETE |  | 1.1 TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |  |
| NAME                       | LAMB, GENE            |                                 |  | 1.2 NAME  |                                 |                                   |  |
| STREET ADDRESS             | RT 1 BOX 40L CR 654   |                                 |  | 1.3 STREET ADDRESS                                    |                                 |                                   |  |
| CITY-ST-ZIP                | BUSHNELL FL           |                                 |  | 1.4 CITY-ST-ZIP                                       |                                 |                                   |  |
| TITLE                      | TD                    | <input type="checkbox"/> DELETE |  | 2.1 TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |  |
| NAME                       | BABBITT, KENNETT      |                                 |  | 2.2 NAME  |                                 |                                   |  |
| STREET ADDRESS             | MAGNOLIA AVE.         |                                 |  | 2.3 STREET ADDRESS                                    |                                 |                                   |  |
| CITY-ST-ZIP                | CENTER HILL FL        |                                 |  | 2.4 CITY-ST-ZIP                                       |                                 |                                   |  |
| TITLE                      | D                     | <input type="checkbox"/> DELETE |  | 3.1 TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |  |
| NAME                       | PARKER, WAYNE         |                                 |  | 3.2 NAME  |                                 |                                   |  |
| STREET ADDRESS             | 4385 SW 81ST ST       |                                 |  | 3.3 STREET ADDRESS                                    |                                 |                                   |  |
| CITY-ST-ZIP                | BUSHNELL FL           |                                 |  | 3.4 CITY-ST-ZIP                                       |                                 |                                   |  |
| TITLE                      | TD                    | <input type="checkbox"/> DELETE |  | 4.1 TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |  |
| NAME                       | WALLACE, GLENDA       |                                 |  | 4.2 NAME  |                                 |                                   |  |
| STREET ADDRESS             | OSCEOLA ST            |                                 |  | 4.3 STREET ADDRESS                                    |                                 |                                   |  |
| CITY-ST-ZIP                | CENTER HILL, FL 00000 |                                 |  | 4.4 CITY-ST-ZIP                                       |                                 |                                   |  |
| TITLE                      | S                     | <input type="checkbox"/> DELETE |  | 5.1 TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |  |
| NAME                       | LAMB, LINDA           |                                 |  | 5.2 NAME  |                                 |                                   |  |
| STREET ADDRESS             | RT 1 BOX 40 L CR 654  |                                 |  | 5.3 STREET ADDRESS                                    |                                 |                                   |  |
| CITY-ST-ZIP                | BUSHNELL FL           |                                 |  | 5.4 CITY-ST-ZIP                                       |                                 |                                   |  |
| TITLE                      |                       | <input type="checkbox"/> DELETE |  | 6.1 TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |  |
| NAME                       |                       |                                 |  | 6.2 NAME  |                                 |                                   |  |
| STREET ADDRESS             |                       |                                 |  | 6.3 STREET ADDRESS                                    |                                 |                                   |  |
| CITY-ST-ZIP                |                       |                                 |  | 6.4 CITY-ST-ZIP                                       |                                 |                                   |  |

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Gene A Lamb **GENE A. LAMB** 1/12/97 352 7934737  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0045822

CR2E037 (9/96)