

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 04, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 747093**

1. Entity Name  
**FIRST BAPTIST CHURCH OF CROOM-A-COOCHIE, INC.**



Principal Place of Business  
**10926 S US HWY 301  
WEBSTER, FL 33597**

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



01232004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-1581268</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fees Required	

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution: ☐

**\$5.00** May Be  
Added to Fees

**U00000034587  
02/05/04-80090-006 61.25**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD LAMB, GENE RT 1 BOX 40L CR 654 BUSHNELL, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD BABBITT, KENNETT MAGNOLIA AVE. CENTER HILL, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD WALLACE, GLENDA OSCEOLA ST CENTER HILL, FL 00000,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S LAMB, LINDA RT 1 BOX 40 L CR 654 BUSHNELL, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WALLACE, TIM 11849 CR 727 WEBSTER, FL 33597
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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:** Tim Wallace Tim Wallace  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/04 352-793-4266  
Date Daytime Phone #