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Secretary of State
03-19-2007 90060 036 ****61.25

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 714339

1. Entity Name
CREWSVILLE BETHEL BAPTIST CHURCH, INC.

Principal Place of Business	Mailing Address
8251 CREWSVILLE RD. ZOLFO SPRINGS, FL 33890-9728 US	8251 CREWSVILLE RD. ZOLFO SPRINGS, FL 33890-9728 US

DO NOT WRITE IN THIS SPACE

C3052007 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-2116961
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SKIPPER, CAROLYN
365 MOFFITT ROAD
ZOLFO SPRINGS, FL 33890

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HENDRY, JACQUELINE
STREET ADDRESS	3387 CREWSVILLE RD
CITY-ST-ZIP	ZOLFO SPRINGS, FL 33890
TITLE	V
NAME	~~WALKER, KATHRYN~~ Virginia Carlton
STREET ADDRESS	~~4268 PARNELL ROAD~~ 3076 St. Rd. 66
CITY-ST-ZIP	~~ZOLFO SPRINGS, FL 33890~~ Zolfo Springs, FL 33890
TITLE	S
NAME	SKIPPER, CAROLYN
STREET ADDRESS	365 MOFFITT ROAD
CITY-ST-ZIP	ZOLFO SPRINGS, FL 33890
TITLE	D
NAME	STONE, CAROL
STREET ADDRESS	5091 CREWSVILLE ROAD
CITY-ST-ZIP	ZOLFO SPRINGS, FL 33890
TITLE	D
NAME	TYSON, MARTHA
STREET ADDRESS	5945 CREWSVILLE ROAD
CITY-ST-ZIP	ZOLFO SPRINGS, FL 33890
TITLE	D
NAME	MAROVICH, ALICE
STREET ADDRESS	8915 N. HAMMOCK ROAD
CITY-ST-ZIP	ZOLFO SPRINGS, FL 33890

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Carolyn Skipper 3/7/07 863-735-0994
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #