

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 JAN 30 AM 9:09

DOCUMENT # 715458 (6)  
1. Corporation Name  
FIRST BAPTIST CHURCH OF BALDWIN, FLORIDA, INC.

Principal Place of Business Mailing Address  
97 CENTER STREET, SOUTH BALDWIN FL 32234 97 CENTER STREET, SOUTH BALDWIN FL 32234

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/28/1968 3a. Date of Last Report 02/16/1994  
4. FEI Number 59-1762281 Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
HORTON, RON  
RT 1 BOX 446  
BRYCEVILLE FL 32009

10. Name and Address of New Registered Agent  
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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	CRAWFORD, ERNIE
STREET ADDRESS	RT 24 BOX 90 NA
CITY - ST - ZIP	BALDWIN FL
TITLE	D
NAME	BOATRIGHT, JIMMY
STREET ADDRESS	2537 SUMMERFIELD LN
CITY - ST - ZIP	BALDWIN FL
TITLE	S
NAME	PITTMAN, LEE
STREET ADDRESS	149 NO CHESTNUT STR
CITY - ST - ZIP	BALDWIN FL
TITLE	D
NAME	HORTON, RON
STREET ADDRESS	RT 1 BOX 446 NA
CITY - ST - ZIP	BRYCEVILLE FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	Tr <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Crawford, Ernie
1.3 STREET ADDRESS	Brandy Branch Road
1.4 CITY - ST - ZIP	Baldwin, FL 32234 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE	Tr <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Cason, Henry
2.3 STREET ADDRESS	13550 Old Plank Rd.
2.4 CITY - ST - ZIP	Whitehouse, FL 32220 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE	Tr <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Daniels, Sally
3.3 STREET ADDRESS	670 Cedar Ave. Baldwin, FL 32234
3.4 CITY - ST - ZIP	
4.1 TITLE	Tr <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Bryan, Wendell
4.3 STREET ADDRESS	160 Rosewood St.
4.4 CITY - ST - ZIP	Baldwin, FL 32234 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.1 TITLE	Tr <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Moore, Ray
5.3 STREET ADDRESS	2559 Summerfield Lane
5.4 CITY - ST - ZIP	Jacksonville, FL 32234 <input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: [Signature] [Signature] [Signature] [Signature]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR