

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 715774 (6)

1. Corporation Name  
**FIRST BAPTIST CHURCH OF CRESCENT CITY, FLORIDA, INC.**



Principal Place of Business Mailing Address  
101 S SUMMIT ST CRESCENT CITY FL 32112

3. Date Incorporated or Qualified 12/23/1968  
3a. Date of Last Report 01/30/1995  
4. FEI Number 59-2345867 Applied For Not Applicable  
5. Certificate of Status Desired \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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

9. Name and Address of Current Registered Agent  
**HANKEMEYER, (MRS.) MILDRED  
TOMPKINS ROAD  
LAKE COMO, FL  
32157**

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 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	S HANKEMEYER, MILDRED TOMPKINS ROAD LAKE COMO FL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANKEMEYER, MILDRED	1.2 NAME	
STREET ADDRESS	TOMPKINS ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE COMO FL	1.4 CITY-ST-ZIP	
TITLE	D MORRIS, LEE BEULAH CHURCH ROAD FURTLAND FL	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRIS, LEE	2.2 NAME	HALE, JIM
STREET ADDRESS	BEULAH CHURCH ROAD	2.3 STREET ADDRESS	Golf Course Street
CITY-ST-ZIP	FURTLAND FL	2.4 CITY-ST-ZIP	River Park FL
TITLE	D EVERETT, HENDERLIGHT OLD 17 CRESCENT CITY FL	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVERETT, HENDERLIGHT	3.2 NAME	HAYES, LE ROY
STREET ADDRESS	OLD 17	3.3 STREET ADDRESS	HOLLY LANE
CITY-ST-ZIP	CRESCENT CITY FL	3.4 CITY-ST-ZIP	CRESCENT CITY FL
TITLE	D PUGH, ROBERT PALM AVE. CRESCENT CITY FL	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PUGH, ROBERT	4.2 NAME	TALBOT, JIM
STREET ADDRESS	PALM AVE.	4.3 STREET ADDRESS	PINE PLANTATION RD
CITY-ST-ZIP	CRESCENT CITY FL	4.4 CITY-ST-ZIP	GEORGETOWN FL
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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: *Mildred Hankemeyer* January 18, 1996 904-698-1578  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
MILDRED HANKEMEYER Date Date

CR2E037 (12/95)