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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 715774

1. Corporation Name

FIRST BAPTIST CHURCH OF CRESCENT CITY, FLORIDA,
INC.

Principal Place of Business

101 S SUMMIT ST
CRESCENT CITY FL 32112

Mailing Address

~~101 S SUMMIT ST~~
CRESCENT CITY FL 32112



2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Mailing Address

26 PO BOX 728

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

Zip

Country

30

3. Date Incorporated or Qualified

12/23/1968

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE S DELETE

NAME HANKEMEYER, MILDRED

STREET ADDRESS TOMPKINS ROAD

CITY-ST-ZIP LAKE COMO FL

TITLE D DELETE

NAME MORRIS, LEE

STREET ADDRESS BEULAH CHURCH ROAD

CITY-ST-ZIP FRUITLAND FL

TITLE D DELETE

NAME DAVIS, DON

STREET ADDRESS N. LAKE STREET

CITY-ST-ZIP CRESCENT CITY FL

TITLE D DELETE

NAME PUGH, BOB

STREET ADDRESS LAKE COMO DRIVE

CITY-ST-ZIP POMONA PARK FL

TITLE DELETE

STREET ADDRESS

CITY-ST-ZIP

TITLE DELETE

STREET ADDRESS

CITY-ST-ZIP

TITLE DELETE

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

Mildred Hanke Meyer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mildred Hanke Meyer

Jan. 4, 1999 904-698-1578
Date Daytime Phone #

CR2E037 (1/98)