2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#715774

FILED Apr 19, 2004 Secretary of State

Entity Name: FIRST BAPTIST CHURCH OF CRESCENT CITY, FLORIDA, INC.

Current Principal Place of Business: New Principal Place of Business: 101 S SUMMIT ST CRESCENT CITY, FL 32112 **Current Mailing Address: New Mailing Address:** P.O. BOX 728 CRESCENT CITY, FL 32112 FEI Number: 59-2345867 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CLINE, ELLEN J. MORRIS, FAYE H 192 BEULAH CHURCH RD. 113 SEMINOLE TRAIL GEORGETOWN, FL 32139 CRESCENT CITY, FL 32112 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. SIGNATURE: FAYEH. MORRIS 04/19/2004 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete CLINE, ELLEN J MORRIS, FAYE H Name: Name: Address: 113 SEMINOLE TRAIL Address: 192 BEULAH CHURCH RD. City-St-Zip: GEORGETOWN, FL 32139 City-St-Zip: CRESCENT CITY, FL 32112 46 Title: Title: () Change () Addition () Delete Name: SKELTON, BRAD Name: Address: RT 2 BOX 21 Address: City-St-Zip: CRESCENT CITY, FL 32112 City-St-Zip: Title: () Delete Title: () Change () Addition PEACOCK, ALLEN Name: Name: W GRAND RONDO ST Address: Address: City-St-Zip: CRESCENT CITY, FL City-St-Zip: () Delete Title: Title: () Change () Addition Name: PUGH, BOB Name: Address: LAKE COMO DRIVE Address: City-St-Zip: POMONA PARK, FL City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FAYE H. MORRIS T 04/19/2004