


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90124 042 ****61.25

DOCUMENT # 715774

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



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

Mailing Address
**P.O. BOX 728
CRESCENT CITY FL 32112**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2345867**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**CLINE, ELLEN J.
113 SEMINOLE TRAIL
GEORGETOWN FL 32139**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	S	<input type="checkbox"/> Delete
NAME	CLINE, ELLEN J	
STREET ADDRESS	113 SEMINOLE TRAIL	
CITY-ST-ZIP	GEORGETOWN FL 32139	
TITLE	D	<input type="checkbox"/> Delete
NAME	SKELTON, BRAD	
STREET ADDRESS	RT 2 BOX 21	
CITY-ST-ZIP	CRESCENT CITY FL 32112	
TITLE	D	<input type="checkbox"/> Delete
NAME	PEACOCK, ALLEN	
STREET ADDRESS	W GRAND RONDO ST	
CITY-ST-ZIP	CRESCENT CITY FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	PUGH, BOB	
STREET ADDRESS	LAKE COMO DRIVE	
CITY-ST-ZIP	POMONA PARK FL	
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Ellen J. Cline* **NATURE REQUIRED**

386-698-1578

CR2E037 (10/02)