2003 NOT-FOR-PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 715774

1. Entity Name

FIRST BAPTIST CHURCH OF C	RESCENT CITY, FLORIDA,		
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	3. Mailing Address		
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FILED Apr 17, 2003 8:00 am Secretary of State

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

CLINE, ELLEN J. 113 SEMINOLE TRAIL GEORGETOWN FL 32139 City City FL Zip City FL Zip Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) PATE 9. Election Campaign Financing Trust Fund Contribution. DATE 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	P.O. BOX 728 CRESCENT CITY FL 32112 3. Mailling Address Suite, Apt. #, etc. City & State 4. FEI Number 59-2345867 Zip Country 5. Certificate of Status Desired Fe Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL	CHANGES Apple Not 88.75 Addi ee Required gent Zip Code	olied For Applicable tional
Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHAN City & State City & State 4. FEI Number 59-2345867 Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Fee Re 6. Name and Address of Current Registered Agent Name CLINE, ELLEN J. Street Address (P.O. Box Number is Not Acceptable) City FL Zip 6. 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 the obligations of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE ### Added to Fees Make Check Paya Florida Department 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR TITLE S	Suite, Apt. #, etc. City & State 4. FEI Number 59-2345867 Zip Country 5. Certificate of Status Desired Fee Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL	CHANGES Apple Not 88.75 Addi ee Required gent Zip Code	olied For Applicable tional
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12. 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 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:

386-698-1518