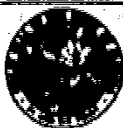


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR 14 AM 10:00

DOCUMENT # 719322

(0)

1. Corporation Name

CRESCENT BAPTIST CHURCH, INC.

Principal Place of Business

Mailing Address

**534 S COX ST
P O BOX 908
PIERSON FL 32180**

**534 S COX ST
P O BOX 908
PIERSON FL 32180**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/16/1970

3a. Date of Last Report

03/31/1994

4. FEI Number

59-1881680

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

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒

\$68.75 Supplemental
Fee Not Required

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.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**NICHOLS, CHARLES B
RT 2 BOX 986
CRESCENT CITY FL 32112**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

NOTE: Registered Agent signature required when reconstituting

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NICHOLS, CHARLES B.
NAME	RT. 2, BOX 986
STREET ADDRESS	CRESCENT CITY FL
CITY - ST - ZIP	
TITLE	P
NAME	COX, HOWARD
STREET ADDRESS	534 S. COX ST.
CITY - ST - ZIP	PIERSON FL
TITLE	SD
NAME	SUTTON, E V
STREET ADDRESS	RT 1 BOX 1034
CITY - ST - ZIP	CRESCENT CITY, FL 00000
TITLE	D
NAME	SUTTON, VI
STREET ADDRESS	RT. 1, BOX 1034
CITY - ST - ZIP	CRESCENT CITY, FL 00000
TITLE	V
NAME	WILKES, ESTELLE
STREET ADDRESS	CHURCH ST & CEMETARY RD
CITY - ST - ZIP	BARBERSVILLE FL
TITLE	D
NAME	RAULERSON, CECIL
STREET ADDRESS	RT 1 BOX 41
CITY - ST - ZIP	CRESCENT CITY FL

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 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Howard Cox President 4-10-95 749-4274
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR