FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 (21) / Suite, Apt. #, etc. (22) / City & State (23) / Zip (24) / Country (25)
2a. Mailing Address (26) / Suite, Apt. #, etc. (27) / City & State (28) / Zip (29) / Country (30)

9. Name and Address of Current Registered Agent

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

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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T	1.1 TITLE	☐ Change ☐ Addition
NAME	NICHOLS, CHARLES B.	1.2 NAME	
STREET ADDRESS	RT. 2, BOX 986	1.3 STREET ADDRESS	
CITY-ST-ZIP	CRESCENT CITY FL	1.4 CITY-ST-ZIP	
TITLE	P	2.1 TITLE	☐ Change ☐ Addition
NAME	COX, HOWARD	2.2 NAME	
STREET ADDRESS	534 S. COX ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	PIERSON FL	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	☐ Change ☐ Addition
NAME	SUTTON, E V	3.2 NAME	
STREET ADDRESS	RT 1 BOX 1034	3.3 STREET ADDRESS	
CITY-ST-ZIP	CRECENT CITY, FL 00000	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	SUTTON, VI	4.2 NAME	
STREET ADDRESS	RT. 1, BOX1034	4.3 STREET ADDRESS	
CITY-ST-ZIP	CRECENT CITY, FL 00000	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	☐ Change ☐ Addition
NAME	WILKES, ESTELLE	5.2 NAME	
STREET ADDRESS	CHURCH ST & CEMETARY RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	BARBERVILLE FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	RAULERSON, CECIL	6.2 NAME	
STREET ADDRESS	RT 1 BOX 41	6.3 STREET ADDRESS	
CITY-ST-ZIP	CRESCENT CITY FL	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 617, 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 — Date — Daytime Phone #

000479