

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2007 8:00 am
Secretary of State

03-02-2007 90025 020 ****61.25

DOCUMENT # 730655

1. Entity Name

BIBLE BAPTIST CHURCH OF CRYSTAL RIVER, INC.

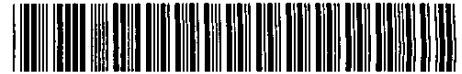


Principal Place of Business

5740 W. NORVELL BRYANT HWY.
CRYSTAL RIVER FL 34429
US

Mailing Address

5740 W. NORVELL BRYANT HWY.
CRYSTAL RIVER FL 34429
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-1552177

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

REAVES, THOMAS C JR.
2861 W LAUREL ST
LECANTO FL 34461

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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

TITLE	D	<input type="checkbox"/> Delete
NAME	SPENCER, RUSSELL	
STREET ADDRESS	5641 W IRVIN ST	
CITY ST ZIP	HOMOSASSA FL 34448	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FORD, SAMMY	
STREET ADDRESS	4750 W. OLD CITRUS ROAD	
CITY ST ZIP	LECANTO FL 34461	
TITLE	DT	<input type="checkbox"/> Delete
NAME	WORKS, DANNY	
STREET ADDRESS	1803 W. SIOUX ROAD	
CITY ST ZIP	HOMOSASSA FL 34448	
TITLE	P	<input type="checkbox"/> Delete
NAME	REAVES, THOMAS C JR.	
STREET ADDRESS	2861 W LAUREL ST	
CITY ST ZIP	LECANTO FL 34461	
TITLE	D	<input type="checkbox"/> Delete
NAME	RIGGS, HARVARD	
STREET ADDRESS	7215 COTTAGE LN	
CITY ST ZIP	CRYSTAL RIVER FL 34429	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY ST ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Toby Stanford	
STREET ADDRESS	8855 W. Ruda Lane	
CITY ST ZIP	Crystal River, FL 34428	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jerome Eckelberger	
STREET ADDRESS	6170 S. Esmeralda	
CITY ST ZIP	lecanto, FL 34461	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Thomas C. Reaves - Thomas C. Reaves

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2007-05-11 3:04

9-22-07 Daytime Phone #