


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 11, 2005 08:00 AM**  
**Secretary of State**

|  |   |
|--|---|
| <b>DOCUMENT # 747093</b><br>1. Entity Name<br><b>FIRST BAPTIST CHURCH OF CROOM-A-COOCHIE, INC.</b> |  |
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|--|--|
| Principal Place of Business<br><b>10926 S US HWY 301<br/>WEBSTER, FL 33597</b> | Mailing Address<br><b>ROUTE 301, SOUTH<br/>P.O. BOX 758<br/>BUSHNELL, FL 33513</b> |
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|   |  |
|---|--|
| 02202005 No Chg-NP  | CR2E037 (10/03)  |
| 4. FEI Number<br><b>59-1581268</b>                        | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required                  |

|   |                            |
|---|----------------------------|
| 6. Name and Address of Current Registered Agent<br><br><b>BABBITT, KENNETH<br/>RT 1, BOX 134<br/>LAKE PANASOFFKEE, FL 33538</b> | DO NOT WRITE IN THIS SPACE |
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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 _____   | DATE _____   |
| Signature, typed or printed name of registered agent and title if applicable. | (NOTE: Registered Agent signature required when reinstating) |

|   |   |  |
|---|---|--|
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2005</b> | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |  |
|---|---|--|

| 10. OFFICERS AND DIRECTORS |                        |
|----------------------------|------------------------|
| TITLE                      | TD                     |
| NAME                       | LAMB, GENE             |
| STREET ADDRESS             | RT 1 BOX 40L CR 654    |
| CITY-ST-ZIP                | BUSHNELL, FL           |
| TITLE                      | TD                     |
| NAME                       | BABBITT, KENNETT       |
| STREET ADDRESS             | MAGNOLIA AVE.          |
| CITY-ST-ZIP                | CENTER HILL, FL        |
| TITLE                      | TD                     |
| NAME                       | WALLACE, GLENDA        |
| STREET ADDRESS             | OSCEOLA ST             |
| CITY-ST-ZIP                | CENTER HILL, FL 00000, |
| TITLE                      | S                      |
| NAME                       | LAMB, LINDA            |
| STREET ADDRESS             | RT 1 BOX 40 L CR 654   |
| CITY-ST-ZIP                | BUSHNELL, FL           |
| TITLE                      | D                      |
| NAME                       | WALLACE, TIM           |
| STREET ADDRESS             | 11849 CR 727           |
| CITY-ST-ZIP                | WEBSTER, FL 33597      |
| TITLE                      |                        |
| NAME                       |                        |
| STREET ADDRESS             |                        |
| CITY-ST-ZIP                |                        |

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U00000259376  
03/11/05-80023-005 61.25

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: *Gene L. Lamb* *Tim Wallace* *2/27/05* *352-793-4266*