


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 23, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N02000002346</b> 1. Entity Name SCRUB CREEK BAPTIST CHURCH INC	
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Principal Place of Business P O BOX 1416 CROSS CITY, FL 32628	Mailing Address P O BOX 1416 CROSS CITY, FL 32628
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**DO NOT WRITE IN THIS SPACE**



01112005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2289519	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  REVELL, CECIL HC 4 BOX 68 OLD TOWN, FL 32680	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

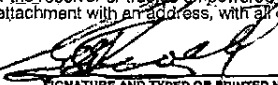
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JACKSON, HENRY HC6 BOX 7010 OLD TOWN, FL 32680
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D COWART, JOHN HC 6 BOX 7010 OLD TOWN, FL 32680
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D REVELL, CECIL HC 4 BOX 68 OLD TOWN, FL 32680
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000240237  
02/23/05-80022-012 70.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**  **2/18/05** **352-498-5035**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #