


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 01, 1999 8:00 am**  
**Secretary of State**

04-01-1999 90034 044 \*\*\*\*61.25

<b>NONPROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS																																																																							
<b>DOCUMENT # N06373</b>																																																																									
1. Corporation Name <b>BLACKWELDER MEMORIAL FREE WILL BAPTIST CHURCH, I NC.</b>																																																																									
Principal Place of Business HWY 121 P. O. BOX 129 WORTHINGTON SPRINGS FL 32054 US		Mailing Address HWY 121 P. O. BOX 129 WORTHINGTON SPRINGS FL 32054 US																																																																							
2. Principal Place of Business 21 <del>300 3rd St</del> 1685 Suite, Apt. #, etc. 22 City & State 23 <del>Newberry</del> Zip Country 24 <del>FL</del> 25 <del>32054</del> 26 <del>US</del>		2a. Mailing Address 26 <del>P.O. Box 1695</del> Suite, Apt. #, etc. 27 City & State 28 <del>Newberry FL</del> Zip Country 29 <del>32054</del> 30 <del>US</del>																																																																							
3. Date Incorporated or Qualified 11/29/1984		4. FEI Number 59-2454907 Applied For Not Applicable																																																																							
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																							
9. Name and Address of Current Registered Agent CRAWFORD, NORA S. RT. 2 BOX 479 G LAKE BUTLER FL 32054		10. Name and Address of New Registered Agent 81 Name <b>Debra L. Woods</b> 82 Street Address (P.O. Box Number is Not Acceptable) <del>1685</del> <b>1437 SW 298th St</b> 83 84 City <b>Newberry</b> <b>FL</b> 85 Zip Code <b>32669</b>																																																																							
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes. SIGNATURE <u>Debra L. Woods</u> DATE <b>3-29-99</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																									
12. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">NAME</td> <td style="width:10%;">STREET ADDRESS</td> <td style="width:10%;">CITY-ST-ZIP</td> <td style="width:10%; text-align: right;">DELETE</td> </tr> <tr> <td>T</td> <td>CRAWFORD, NORA S</td> <td>RT 2 BOX 479G</td> <td>LAKE BUTLER FL</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>D</td> <td>CRAWFORD, CHARLES A.</td> <td>RT-2; BOX 479G</td> <td>LAKE BUTLER FL</td> <td><input type="checkbox"/></td> </tr> <tr> <td>D</td> <td>CRAWFORD, BETTY GRACE</td> <td>RT 2, BOX 702</td> <td>LAKE BUTLER FL</td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> </tr> </table>		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	T	CRAWFORD, NORA S	RT 2 BOX 479G	LAKE BUTLER FL	<input checked="" type="checkbox"/>	D	CRAWFORD, CHARLES A.	RT-2; BOX 479G	LAKE BUTLER FL	<input type="checkbox"/>	D	CRAWFORD, BETTY GRACE	RT 2, BOX 702	LAKE BUTLER FL	<input type="checkbox"/>					<input type="checkbox"/>					<input type="checkbox"/>					<input type="checkbox"/>	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">1.1 TITLE</td> <td style="width:40%;">1.2 NAME</td> <td style="width:10%;">1.3 STREET ADDRESS</td> <td style="width:10%;">1.4 CITY-ST-ZIP</td> <td style="width:10%; text-align: right;">Change Addition</td> </tr> <tr> <td>Treasurer</td> <td>Debra L. Woods</td> <td>1437 SW 298th St.</td> <td>Newberry FL 32669</td> <td><input type="checkbox"/> <input checked="" type="checkbox"/></td> </tr> <tr> <td>2.1 TITLE</td> <td>2.2 NAME</td> <td>2.3 STREET ADDRESS</td> <td>2.4 CITY-ST-ZIP</td> <td><input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>3.1 TITLE</td> <td>3.2 NAME</td> <td>3.3 STREET ADDRESS</td> <td>3.4 CITY-ST-ZIP</td> <td><input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>4.1 TITLE</td> <td>4.2 NAME</td> <td>4.3 STREET ADDRESS</td> <td>4.4 CITY-ST-ZIP</td> <td><input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>5.1 TITLE</td> <td>5.2 NAME</td> <td>5.3 STREET ADDRESS</td> <td>5.4 CITY-ST-ZIP</td> <td><input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>6.1 TITLE</td> <td>6.2 NAME</td> <td>6.3 STREET ADDRESS</td> <td>6.4 CITY-ST-ZIP</td> <td><input type="checkbox"/> <input type="checkbox"/></td> </tr> </table>		1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change Addition	Treasurer	Debra L. Woods	1437 SW 298th St.	Newberry FL 32669	<input type="checkbox"/> <input checked="" type="checkbox"/>	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input type="checkbox"/> <input type="checkbox"/>	3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/> <input type="checkbox"/>	4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/> <input type="checkbox"/>	5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/> <input type="checkbox"/>	6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/> <input type="checkbox"/>
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14. 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 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, with all other like empowered.

**SIGNATURE:** Debra L. Woods **SIGNATURE REQUIRED** **3/29/99** **(352) 472-3035**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)