

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 05, 2004 8:00 am**  
**Secretary of State**

05-05-2004 90232 023 \*\*\*\*61.25

**DOCUMENT # N06373**

1. Entity Name

**BLACKWELDER MEMORIAL FREE WILL BAPTIST  
CHURCH, INC.**



Principal Place of Business

**HWY 121  
P. O. BOX 129  
WORTHINGTON SPRINGS FL 32054  
US**

Mailing Address

**RT 2 BOX 616  
LAKE BUTLER FL 32054  
US**

2. Principal Place of Business

3. Mailing Address

**Rt 2 Box 426**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Lake Butler FL**

Zip

Country

Zip

Country

**32054 Union**

4. FEI Number

**59-2454907**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**BENNETT, NICOLE  
RT 2 BOX 616  
LAKE BUTLER FL 32054**

7. Name and Address of New Registered Agent

Name **Nora S. Crawford**

Street Address (P.O. Box Number is Not Acceptable)  
**Rt 2 Box 426**

**Lake Butler**

City

FL

Zip Code

**32054**

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

*Nora S. Crawford*

(NOTE: Registered Agent signature required when reinstating)

DATE

**4-21-04**

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**

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 NAME ☐ Delete  
CRAWFORD, NORA S  
STREET ADDRESS RT 2 BOX 479 G  
CITY-ST-ZIP LAKE BUTLER FL 32054

TITLE NAME ☐ Delete  
CRAWFORD, CHARLES A.  
STREET ADDRESS RT 2, BOX 479G  
CITY-ST-ZIP LAKE BUTLER FL

TITLE NAME ☒ Delete  
CRAWFORD, BETTY GRACE  
STREET ADDRESS RT 2, BOX 702  
CITY-ST-ZIP LAKE BUTLER FL

TITLE NAME ☒ Delete  
BENNETT, NICOLE  
STREET ADDRESS RT. 2 BOX 616  
CITY-ST-ZIP LAKE BUTLER FL 32054

TITLE NAME ☐ Delete  
MULLIN, SHARON  
STREET ADDRESS 26227 NW CR 239  
CITY-ST-ZIP ALACHUA FL 32615

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME ☒ Change ☐ Addition  
NORA S. CRAWFORD  
STREET ADDRESS Rt 2 Box 426  
CITY-ST-ZIP LAKE BUTLER FL 32054

TITLE NAME ☒ Change ☐ Addition  
Charles A. Crawford  
STREET ADDRESS Rt 2 Box 426  
CITY-ST-ZIP LAKE BUTLER FL 32054

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Nora S. Crawford*

**4-21-04**

**386-496-2276**