

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 07, 2007 8:00 am**  
**Secretary of State**

08-07-2007 90043 001 \*\*\*\*\*61.25

08-07-2007 90043 002 \*\*\*\*\*8.75

**DOCUMENT # N06373**

1. Entity Name  
**BLACKWELDER MEMORIAL FREE WILL BAPTIST  
CHURCH, INC.**



Principal Place of Business  
**4222 SW CR 121  
LAKE BUTLER, FL 32054 US**

Mailing Address  
**8441 SW CR 239A  
LAKE BUTLER, FL 32054 US**

**66020782**



07062007 No Chg-NP CR2E037 (4/06)

4. FEI Number  
**59-2454907**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional  
Fee Required**

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**CRAWFORD, NORA S  
8441 SW CR 239 A  
LAKE BUTLER, FL 32054**

**DO NOT WRITE  
IN THIS SPACE**

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 reinstating) DATE

**Filing Fee is \$61.25  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	T
NAME	CRAWFORD, NORA S
STREET ADDRESS	8441 SW CR 239A
CITY-ST-ZIP	LAKE BUTLER, FL 32054
TITLE	D
NAME	CRAWFORD, CHARLES A.
STREET ADDRESS	8441 SW CR 239A
CITY-ST-ZIP	LAKE BUTLER, FL 32054
TITLE	S
NAME	MULLIN, SHARON
STREET ADDRESS	26227 NW CR 239
CITY-ST-ZIP	ALACHUA, FL 32615
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:** *Nora S. Crawford*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #