

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N06373

1. Entity Name

BLACKWELDER MEMORIAL FREE WILL BAPTIST
CHURCH, INC.



FILED
Sep 23, 2008 08:00 AM
Secretary of State

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

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



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

2nd MOORE

CR2E037 (4/08)

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

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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*
Signature, typed or printed name of registered agent and title if applicable

9-19-08
DATE

(NOTE: Registered Agent signature required when registering)

FILE NOW: FEE IS \$61.25
Due By September 3, 2008

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

T ☐ Delete
NAME CRAWFORD, NORA S
STREET ADDRESS 8441 SW CR 239A
CITY-ST-ZIP LAKE BUTLER FL 32054

☐ Change ☐ Addition
NAME
STREET ADDRESS U00000959931
CITY-ST-ZIP 09/23/08-80001-002 61.25

D ☐ Delete
NAME CRAWFORD, CHARLES A.
STREET ADDRESS 8441 SW CR 239A
CITY-ST-ZIP LAKE BUTLER FL 32054

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

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

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

☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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*

9-15-08