

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 APR -5 PM 12:16

DOCUMENT # **N11874** (7)  
1. Corporation Name  
**FIRST BAPTIST CHURCH OF CRAWFORDVILLE, INC.**

Principal Place of Business Mailing Address  
**HWY 319 SO PO BOX 114 CRAWFORDVILLE FL 32326-0114 US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

3. Date Incorporated or Qualified 3a. Date of Last Report  
**11/04/1985 04/28/1994**  
4. FEI Number Applied For  
**59-1099746** Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**CARTER, ATTORNEY MIKE  
LAKE ELLEN ESTATES OFF HWY. 319 S.  
CRAWFORDVILLE FL 32327**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and (if applicable) (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, ELIZABETH AMM	12 NAME	
STREET ADDRESS	RT 5 BOX 2158 N/A	13 STREET ADDRESS	
CITY - ST - ZIP	CRAWFORDVILLE FL	14 CITY - ST - ZIP	
TITLE	T	21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANGSTON, PATRICIA B	22 NAME	Evelyn Gowdy
STREET ADDRESS	BOX 25 COUNCIL-MOORE	23 STREET ADDRESS	Rt. 6, Box 8602
CITY - ST - ZIP	CRAWFORDVILLE FL	24 CITY - ST - ZIP	Crawfordville, Fl. 32327
TITLE	D	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STOKLEY, ALICE	32 NAME	
STREET ADDRESS	RT 2 BOX 4707	33 STREET ADDRESS	
CITY - ST - ZIP	CRAWFORDVILLE FL	34 CITY - ST - ZIP	
TITLE	D	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARVEY, ROBERT	42 NAME	
STREET ADDRESS	RT. 3, BOX 5101	43 STREET ADDRESS	
CITY - ST - ZIP	CRAWFORDVILLE FL	44 CITY - ST - ZIP	
TITLE	D	51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JENKINS, TIM	52 NAME	John Daniel
STREET ADDRESS	REWINKLE ROAD/POB 999	53 STREET ADDRESS	High Street, P.O. BOX 172
CITY - ST - ZIP	CRAWFORDVILLE FL	54 CITY - ST - ZIP	Crawfordville, Fl. 32326
TITLE	D	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERRELL, EMMETT C JR	62 NAME	
STREET ADDRESS	HWY 319, POB 1295	63 STREET ADDRESS	
CITY - ST - ZIP	CRAWFORDVILLE FL	64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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.

SIGNATURE: *Emmett C Ferrell Jr* 4-3-95 (904) 926-7896  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR