

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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  
HWY 319 SO PO BOX 114 CRAWFORDVILLE FL 32326-0114 US

3. Date Incorporated or Qualified 11/04/1985  
3a. Date of Last Report 04/06/1995

2. Principal Place of Business 2a. Mailing Address  
21 3086 Crawfordville Hwy. 26  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 City & State 27  
City & State  
23 Zip 24 32327 25 Country 29 Zip 30 Country

4. FEI Number 59-1099746 Applied For 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  
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 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	T <input type="checkbox"/> DELETE
NAME	JONES, ELIZABETH AMM
STREET ADDRESS	RT 5 BOX 2156 N/A
CITY-ST-ZIP	CRAWFORDVILLE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	GOWDY, EVELYN
STREET ADDRESS	RT 6 BOX 8802 N/A
CITY-ST-ZIP	CRAWFORDVILLE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	STOKLEY, ALICE
STREET ADDRESS	RT 2 BOX 4707
CITY-ST-ZIP	CRAWFORDVILLE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	HARVEY, ROBERT
STREET ADDRESS	RT. 3, BOX 5101
CITY-ST-ZIP	CRAWFORDVILLE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	DANIEL, JOHN
STREET ADDRESS	PO BOX 172 N/A
CITY-ST-ZIP	CRAWFORDVILLE FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	FERRELL, EMMETT C JR
STREET ADDRESS	HWY 319, POB 1295
CITY-ST-ZIP	CRAWFORDVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	800001794398
4.4 CITY-ST-ZIP	-04/25/96--01033--029 ***61.25
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Henderson, Jack
6.3 STREET ADDRESS	POB 265 N/A
6.4 CITY-ST-ZIP	Crawfordville, FL

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 119.07(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, changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ Date 4/19/96 Daytime Phone # (904) 926-7896

CR2E037 (12/95)