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Apr 23 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
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 (3086 Crawfordville Hwy) HWY 319 SO
PO BOX 114 PO BOX 114
CRAWFORDVILLE FL 32326-0114 CRAWFORDVILLE FL 32326-0114
US US

3. Date Incorporated or Qualified 11/04/1985
3a. Date of Last Report 04/25/1996
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
6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes [] Yes [] No

2. Principal Place of Business 2a. Mailing Address
21 3086 Crawfordville Hwy 26
Suite, Apt. #, etc. 27 Suite, Apt. #, etc.
22 City & State 28 City & State
23 Zip Country 29 Zip Country
24 25 29 30

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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS
TITLE T [X] DELETE
NAME JONES, ELIZABETH AMM
STREET ADDRESS RT 5 BOX 2156 N/A
CITY-ST-ZIP CRAWFORDVILLE FL
TITLE D [] DELETE
NAME GOWDY, EVELYN
STREET ADDRESS RT 6 BOX 8602 N/A
CITY-ST-ZIP CRAWFORDVILLE FL
TITLE D [X] DELETE
NAME STOKLEY, ALICE
STREET ADDRESS RT 2 BOX 4707
CITY-ST-ZIP CRAWFORDVILLE FL
TITLE D [] DELETE
NAME HARVEY, ROBERT
STREET ADDRESS RT. 3, BOX 5101
CITY-ST-ZIP CRAWFORDVILLE FL
TITLE D [] DELETE
NAME DANIEL, JOHN
STREET ADDRESS PO BOX 172 N/A
CITY-ST-ZIP CRAWFORDVILLE FL
TITLE D [] DELETE
NAME HENDERSON, JACK
STREET ADDRESS POB 265 N/A
CITY-ST-ZIP CRAWFORDVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE T [X] Change [] Addition
1.2 NAME COBB, JOHNNIE R
1.3 STREET ADDRESS 585 REWINKLE ROAD
1.4 CITY-ST-ZIP CRAWFORDVILLE FL 32327
2.1 TITLE [] Change [] Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE D [X] Change [] Addition
3.2 NAME DAVIS, MAX
3.3 STREET ADDRESS 358 J K MOORE ROAD
3.4 CITY-ST-ZIP CRAWFORDVILLE FL 32327
4.1 TITLE [] Change [] Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE [] Change [] Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE [] Change [] Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 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: [Signature] REQUIRED

Date 4/13/97

CP2E037 (9/96)