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FILED
Feb 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**



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

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



Principal Place of Business: **3086 CRAWFORDVILLE HWY PO BOX 114 CRAWFORDVILLE FL 32326-0114 US**

Mailing Address: **HWY 319 SO PO BOX 114 CRAWFORDVILLE FL 32326-0114 US**

2. Principal Place of Business: [21] Suite, Apt. #, etc. [22] City & State [23] Zip [24] Country [25]

2a. Mailing Address: [26] Suite, Apt. #, etc. [27] City & State [28] Zip [29] Country [30]

3. Date Incorporated or Qualified: **11/04/1985**

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**

7. Is this nonprofit corporation a homeowners association? [] Yes [] No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. [] 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 [] 85 Zip Code [] **FL**

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 | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-------------------|---|--|
| TITLE | ↑ | 1.1 TITLE | [] Change [] Addition |
| NAME | COBB, JOHNNIE R | 1.2 NAME | |
| STREET ADDRESS | 585 REWINKLE RD | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | CRAWFORDVILLE FL | 1.4 CITY-ST-ZIP | |
| TITLE | 0 | 2.1 TITLE | [] Change [] Addition |
| NAME | GOWDY, EVELYN | 2.2 NAME | |
| STREET ADDRESS | RT 6 BOX 8602 N/A | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | CRAWFORDVILLE FL | 2.4 CITY-ST-ZIP | |
| TITLE | D | 3.1 TITLE | [] Change [] Addition |
| NAME | DAVIS, MAX | 3.2 NAME | |
| STREET ADDRESS | 358 J K MOORE RD | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | CRAWFORDVILLE FL | 3.4 CITY-ST-ZIP | |
| TITLE | D | 4.1 TITLE | [X] Change [] Addition |
| NAME | HARVEY, ROBERT | 4.2 NAME | Emmett C. Ferrell, Jr. |
| STREET ADDRESS | RT. 3, BOX 5101 | 4.3 STREET ADDRESS | P O Box 1295 (3504 Crawfordville Hwy.) |
| CITY-ST-ZIP | CRAWFORDVILLE FL | 4.4 CITY-ST-ZIP | Crawfordville, FL 32326-1295 |
| TITLE | D | 5.1 TITLE | [] Change [] Addition |
| NAME | DANIEL, JOHN | 5.2 NAME | |
| STREET ADDRESS | PO BOX 172 N/A | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | CRAWFORDVILLE FL | 5.4 CITY-ST-ZIP | |
| TITLE | 0 | 6.1 TITLE | [] Change [] Addition |
| NAME | HENDERSON, JACK | 6.2 NAME | |
| STREET ADDRESS | POB 265 N/A | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | CRAWFORDVILLE FL | 6.4 CITY-ST-ZIP | |

14. I 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: *Johnnie R. Cobb*

2/4/98

CP2E037 (10/97)