


FILE NOW: FILING FEE IS \$61.25

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Secretary of State

03-01-1999 90196 025 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N11874

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	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	11/04/1985
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-1099746
City & State	City & State	Applied For
23	28	Not Applicable
Zip	Country	5. Certificate of Status Desired
24	25	<input type="checkbox"/> \$8.75 Additional Fee Required
	29	6. Election Campaign Financing
	30	<input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
CARTER, ATTORNEY MIKE LAKE ELLEN ESTATES OFF HWY. 319 S. CRAWFORDVILLE FL 32327		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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOWDY, EVELYN	2.2 NAME	Helen D. Harvey
STREET ADDRESS	RT 6 BOX 8602 N/A	2.3 STREET ADDRESS	268 Harvey Mill Road
CITY-ST-ZIP	CRAWFORDVILLE FL	2.4 CITY-ST-ZIP	Crawfordville, Florida 32327
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERRELL, EMMETT C JR	4.2 NAME	
STREET ADDRESS	P O BOX 1295, 3504 CRAWFORDVILLE HWY	4.3 STREET ADDRESS	
CITY-ST-ZIP	CRAWFORDVILLE FL 32326-1295	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE: Johnnie R. Cobb DATE: 2/3/99 DAYTIME PHONE #: (850) 926-7896

CR2E037 (11/98)