

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 19, 2001 8:00 am**  
**Secretary of State**

03-19-2001 90460 038 \*\*\*\*61.25

**635563**



DO NOT WRITE IN THIS SPACE

**DOCUMENT # N11874**  
 1. Entity 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
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country
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4. FEI Number <b>59-1099746</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

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

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>COBB, JOHNNIE R</b> <b>585 REWINKLE RD</b> <b>CRAWFORDVILLE FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HARVEY, HELEN D</b> <b>268 HARVEY MILL ROAD</b> <b>CRAWFORDVILLE FL 32327</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DAVIS, MAX</b> <b>358 J K MOORE RD</b> <b>CRAWFORDVILLE FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>FERRELL, EMMETT C JR</b> <b>P O BOX 1295, 3504 CRAWFORDVILLE HWY</b> <b>CRAWFORDVILLE FL 32326-1295</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>COUNCIL, DENNIS</b> <b>139 COUNCIL MOORE RD.</b> <b>CRAWFORDVILLE FL 32327</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HENDERSON, JACK</b> <b>POB 265 N/A</b> <b>CRAWFORDVILLE FL</b>	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Henderson, Ann</b> <b>PO Box 265</b> <b>Crawfordville FL 32326</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Johnnie Cobb* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **3-7-01** Date Daytime Phone #

CR2E037 (10/00)