

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 04, 2002 8:00 am
Secretary of State

03-04-2002 90025 034 ****61.25

DOCUMENT # N11874

1. Entity Name

FIRST BAPTIST CHURCH OF CRAWFORDVILLE, INC.

Principal Place of Business

Mailing Address

**3086 CRAWFORDVILLE HWY
 PO BOX 114
 CRAWFORDVILLE FL 32326-0114
 US**

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1099746

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CARTER, ATTORNEY MIKE
 LAKE ELLEN ESTATES OFF HWY. 319 S.
 CRAWFORDVILLE FL 32327**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **COBB, JOHNNIE R**
 STREET ADDRESS **585 REWINKLE RD**
 CITY-ST-ZIP **CRAWFORDVILLE FL**

TITLE Change Addition
 NAME **Roberts, Lynn**
 STREET ADDRESS **82 Mose Strickland Rd.**
 CITY-ST-ZIP **Crawfordville, FL 32327**

TITLE Delete
 NAME **HARVEY, HELEN D**
 STREET ADDRESS **268 HARVEY MILL ROAD**
 CITY-ST-ZIP **CRAWFORDVILLE FL 32327**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **DAVIS, MAX**
 STREET ADDRESS **358 J K MOORE RD**
 CITY-ST-ZIP **CRAWFORDVILLE FL**

TITLE Change Addition
 NAME **Jenkins, Tim**
 STREET ADDRESS **PO Box 999**
 CITY-ST-ZIP **Crawfordville, FL 32326**

TITLE Delete
 NAME **FERRELL, EMMETT C JR**
 STREET ADDRESS **P O BOX 1295, 3504 CRAWFORDVILLE HWY**
 CITY-ST-ZIP **CRAWFORDVILLE FL 32326-1295**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **COUNCIL, DENNIS**
 STREET ADDRESS **139 COUNCIL MOORE RD.**
 CITY-ST-ZIP **CRAWFORDVILLE FL 32327**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **HENDERSON, ANN**
 STREET ADDRESS **PO BOX 265**
 CITY-ST-ZIP **CRAWFORDVILLE FL 32326**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

Lynn J. Roberts
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-20-02 (850)410-4123

CR2E037 (9/01)