


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Feb 17, 2004 8:00 am**  
**Secretary of State**

02-17-2004 90011 038 \*\*\*\*61.25

<b>DOCUMENT # N11874</b>	
1. Entity Name <b>FIRST BAPTIST CHURCH OF CRAWFORDVILLE, INC.</b>	

Principal Place of Business <b>3086 CRAWFORDVILLE HWY PO BOX 114 CRAWFORDVILLE FL 32326-0114 US</b>	Mailing Address <b>HWY 319 SO PO BOX 114 CRAWFORDVILLE FL 32326-0114 US</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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**MOORE CR2E037 (11/03)**

4. FEI Number **59-1099746**  Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**



<b>6. Name and Address of Current Registered Agent</b>  <b>CARTER, ATTORNEY MIKE LAKE ELLEN ESTATES OFF HWY. 319 S. CRAWFORDVILLE FL 32327</b>	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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. I am familiar with, and accept the obligations of registered agent.

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

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>ROBERTS, LYNN</b> <b>82 MOSE STRICKLAND RD</b> <b>CRAWFORDVILLE FL 32327</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 checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>JENKINS, TIM</b> <b>P O BOX 999</b> <b>CRAWFORDVILLE FL 32326</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LAWHORN, LARRY</b> <b>2491 CRAWFORDVILLE HWY</b> <b>CRAWFORDVILLE FL 32327</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, ANN</b> <b>PO BOX 265</b> <b>CRAWFORDVILLE FL 32326</b> <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Robert Harvey</b> <b>268 Harvey Mill Road</b> <b>Crawfordville FL 32327</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:**  **2-11-04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #