


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90132 010 ****61.25

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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1099706	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTS, LYNN		NAME	Harvey, Lorrie	
STREET ADDRESS	82 MOSE STRICKLAND RD		STREET ADDRESS	215 Old Field Rd.	
CITY-ST-ZIP	CRAWFORDVILLE, FL 32327		CITY-ST-ZIP	Crawfordville, FL 32327	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARVEY, ROBERT		NAME		
STREET ADDRESS	268 HARVEY MILL ROAD		STREET ADDRESS		
CITY-ST-ZIP	CRAWFORDVILLE, FL 32327		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JENKINS, TIM		NAME		
STREET ADDRESS	P O BOX 999		STREET ADDRESS		
CITY-ST-ZIP	CRAWFORDVILLE, FL 32326		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAWHORN, LARRY		NAME		
STREET ADDRESS	2491 CRAWFORDVILLE HWY		STREET ADDRESS		
CITY-ST-ZIP	CRAWFORDVILLE, FL 32327		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COUNCIL, DENNIS		NAME		
STREET ADDRESS	139 COUNCIL MOORE RD.		STREET ADDRESS		
CITY-ST-ZIP	CRAWFORDVILLE, FL 32327		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENDERSON, ANN		NAME	Barwick, Parrish	
STREET ADDRESS	PO BOX 265		STREET ADDRESS	2421 Shadeville Rd.	
CITY-ST-ZIP	CRAWFORDVILLE, FL 32326		CITY-ST-ZIP	Crawfordville, FL 32327	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <i>Lorrie L. Harvey</i>			Date: 4-20-05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #: 850/926-8131		