


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2007 8:00 am
Secretary of State

03-14-2007 90027 046 ****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 3086 CRAWFORDVILLE HWY TALLAHASSEE, FL 32317-3136 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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40035379



02282007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-1099746	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired \$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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2007	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
T NAME: HARVEY, LORRIE STREET ADDRESS: 215 OLD FIELD RD. CITY-ST-ZIP: CRAWFORDVILLE, FL 32327	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D NAME: HARVEY, RONNIE STREET ADDRESS: 253 HARVEY MILL RD CITY-ST-ZIP: CRAWFORDVILLE, FL 32327	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D NAME: JENKINS, TIM STREET ADDRESS: P O BOX 999 CITY-ST-ZIP: CRAWFORDVILLE, FL 32326	<input checked="" type="checkbox"/> Delete	D NAME: Alice Stokley STREET ADDRESS: 255 Edgar Poole Rd CITY-ST-ZIP: Crawfordville, FL 32327	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
D NAME: LAWHORN, LARRY STREET ADDRESS: 2491 CRAWFORDVILLE HWY CITY-ST-ZIP: CRAWFORDVILLE, FL 32327	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D NAME: TAYLOR, CHARLES STREET ADDRESS: 15 OAKLAND DR CITY-ST-ZIP: CRAWFORDVILLE, FL 32327	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D NAME: BARWICK, PARRISH STREET ADDRESS: 2421 SHADEVILLE RD. CITY-ST-ZIP: CRAWFORDVILLE, FL 32327	<input type="checkbox"/> Delete	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 exemptions contained in Chapter 119, 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: *[Signature]* DATE: 3/12/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #