

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11874

FILED
Apr 29, 2008
Secretary of State

Entity Name: FIRST BAPTIST CHURCH OF CRAWFORDVILLE, INC.

Current Principal Place of Business:

3086 CRAWFORDVILLE HWY
PO BOX 114
CRAWFORDVILLE, FL 323260114 US

New Principal Place of Business:

3086 CRAWFORDVILLE HWY
CRAWFORDVILLE, FL 32327 US

Current Mailing Address:

3086 CRAWFORDVILLE HWY
TALLAHASSEE, FL 323173136 US

New Mailing Address:

FEI Number: 59-1099746 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: HARVEY, LORRIE
Address: 215 OLD FIELD RD.
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: D () Delete
Name: HARVEY, RONNIE
Address: 253 HARVEY MILL RD
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: D () Delete
Name: STOKLEY, ALICE
Address: 255 EDGAR POOLE RD
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: D () Delete
Name: LAWHORN, LARRY
Address: 2491 CRAWFORDVILLE HWY
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: D () Delete
Name: TAYLOR, CHARLES
Address: 15 OAKLAND DR
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: D () Delete
Name: BARWICK, PARRISH
Address: 2421 SHADEVILLE RD.
City-St-Zip: CRAWFORDVILLE, FL 32327

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: DAVIS, MAX
Address: 358 J.K. MOORE RD
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LORRIE HARVEY

T

04/29/2008

Electronic Signature of Signing Officer or Director

Date