

N 11874

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

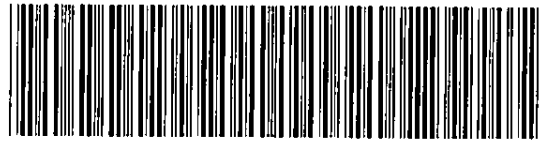
(Business Entity Name)

(Document Number)

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Charter # Only

VALIDATION ONLY

006 9103 11/09/85

006 9103 11/06/85

006 9103 11/08/85

006 9103 11/09/85

Valda Cook

Requestor's Name

P.O. Box 35

Address

Crawfordville Fla 32327 (Office) 487-5017

City State ZIP Phone #

CORPORATION(S) NAME

First Baptist Church of Crawfordville, Inc.

N11874

FILED
NOV 4 11 9 26
SECRETARY OF STATE
TALLAHASSEE FLORIDA

- PROFIT
- NON-PROFIT
- AMENDMENT
- MERGER
- FOREIGN
- DISSOLUTION
- MARK
- LIMITED PARTNERSHIP
- ANNUAL REPORT
- RESERVATION
- REINSTATEMENT
- OTHER
- CERTIFIED COPY
- PHOTO COPIES
- CERTIFICATE UNDER SEAL
- WALK IN
- WILL WAIT
- PICK UP
- MAIL OUT
- CALL
- AFTER 4:30

Name	TH
Availability	TH
Document Examiner	TH
Updater	TH
Updater Verifier	TH
Acknowledgment	TH
W P Verifier	TH

NON-PROFIT CORP.

FILING _____ \$30
 C. COPY _____ 5
 R. AGENT _____ 3
 TOTAL _____ \$38
 BALANCE DUE \$ _____
 REFUND \$ _____

ARTICLES OF INCORPORATION
OF
FIRST BAPTIST CHURCH OF CRAWFORDVILLE, INC.,
a Florida Corporation Not for Profit

FILED

NOV - 4 1953
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I

The name of the corporation is FIRST BAPTIST CHURCH OF CRAWFORDVILLE, INC., and the initial principal address of the corporation is Hwy. 319, one block south of the courthouse on the west side of said road; P. O. Box 114, Crawfordville, FL 32327.

ARTICLE II

The period of the duration of this corporation is perpetual unless dissolved according to law.

ARTICLE III

The general purpose of this corporation is to buy, purchase, own, acquire by gift, devise, purchase, or otherwise real and personal property, to build, erect, construct, provide for, maintain and equip suitable buildings, churches, houses, schools, mission stations, mission churches, pastor's home and such other houses or equipment as the church may desire for carrying on its work.

To receive, administer, disburse and invest gifts, devises and bequests by and from any person and corporation.

To issue bonds, notes, debenture and evidence of indebtedness and to secure the same by mortgage, deed of trust or otherwise, and it shall have power from time to time to make such contracts to mortgage, sell, encumber or otherwise dispose of any property by vote of the congregation and evidenced by a resolution by said church, duly passed.

The specific purpose of First Baptist Church of Crawfordville, Inc. is maintaining and fostering public worship and the preaching and teaching of the Word of God and for all other meetings and purposes of said congregation.

ARTICLE IV

The qualifications for members and the manner of their admission are set forth in the bylaws of the corporation.

ARTICLE V

The street address and city of the initial registered office is one block south of the courthouse ^{Room 2} on the west side of US Hwy. 319, located in Wakulla County, with a mailing address of P. O. Box 114, Crawfordville, Florida 32327, and the name of its initial registered agent at such address is Judge Mike Carter.

ARTICLE VI

The number of trustees constituting the initial Board of Trustees of the corporation is five, and the names and addresses of the persons who are to serve as the initial directors are:

<u>NAME</u>	<u>ADDRESS</u>
MAX DAVIS	Rt. 2, Box 537-3B, Crawfordville, FL
LARRY LAWHON	Rt. 6, Box 360, Tallahassee, FL
VALDA COOK	Hwy. 319, Crawfordville, FL - across from Wakulla St. Bank
ARTHUR L. BURNETT	Rt. 6, Box 775-81, Tallahassee, FL
EMMETT C. FERRELL, JR.	Hwy. 319, 1 mile so. of Crawfordville - across from fire tower

ARTICLE VII

This corporation is organized under a non-stock basis.

ARTICLE VIII

In the event of dissolution, the residual assets of the organization will be turned over to one or more organizations which themselves are exempt as organizations described in Sections 501(c)(3) and 170(c)(2) of the Internal Revenue Code of 1954 or corresponding sections of any prior or future law, or to the Federal, State, or Local government for exclusive public purpose.

ARTICLE IX

The name and address of each subscriber of the corporation is:

<u>NAME</u>	<u>ADDRESS</u>
CHARLES MORRIS	1300 High Drive, Crawfordville, FL
GILBERT GONDY	Rt. 6, Box 780, Tallahassee, FL
EMIL R. COOK	Rewinkle Road, Crawfordville, FL
TIMOTHY GRAY	Rt. 6, Box 479, Tallahassee, FL
TIMOTHY JENKINS	Route 2, Rewinkle Road, Crawfordville, FL

Dated the 31st day of October, 1985.

IN WITNESS WHEREOF, the undersigned being the subscribers of this corporation have executed these Articles of Incorporation.

SIGNATURES OF INCORPORATORS:

Timothy P. Gray
Charles Morris
Gilbert Gowdy
Emil R. Cook
Timothy Jenkins

ACCEPTANCE BY REGISTERED AGENT

Having been named to accept service of process for the above named corporation at a place designated in these Articles of Incorporation, I hereby accept to act in this capacity, and agree to comply with the provisions of Chapter 48.091, Florida Statutes, relative to keeping open said office for service of process.

Mike Carter
REGISTERED AGENT

STATE OF FLORIDA

COUNTY OF WAKULLA

Before me, the undersigned authority, personally appeared Timothy Gray, Charles Morris, Gilbert Gowdy, Emil R. Cook, Timothy Jenkins, and Mike Carter

to me well known to be the person(s) who executed the foregoing Articles of Incorporation and acknowledged before me, according to law, that they made and subscribed the same for the purposes therein mentioned and set forth.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal this 31st day of October, 1985.

Jackie P. High
NOTARY PUBLIC

My Commission Expires:

Notary Public, State of Florida at Large
My Commission Expires FEB. 13, 1988

DUE DATE ON OR AFTER JANUARY 1 DELINQUENT AFTER JULY 1 OF EACH YEAR

CORPORATION
ANNUAL REPORT
1986



FLORIDA DEPARTMENT OF STATE
George Firestone
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

APR 17 FILED

Read Notice and Instructions on Other Side Before Making Entries
Filing Fee of \$20 Required - Make Checks Payable To: Secretary of State

1 Name and Address of Corporation Principal Office

111674 7
FIRST BAPTIST CHURCH OF CRAWFORDVILLE, INC.
P. O. BOX 114
CRAWFORDVILLE, FL 32327

If above address is incorrect in any way, enter the correct address in item 2. Include Zip Code

2 Enter Change of Address of Corporation Principal Office, P.O. Box Number Alone is NOT Sufficiently

Street Address 21

P.O. Box No 22

City and State 23
085 8771 4718 06

Zip Code 24
086 8771 4718 06

4 Date Incorporated or Qualified to Do Business in Florida 11/04/1985

4 Federal Employer Identification Number (FEIN) 59-1099746-8

5 Date of Last Report 11-04-1985

6 Names and Street Addresses of Each Officer and Director, as of December 31, 1985

1 Names of Officers and Directors	2 Title	3 Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	4 City and State
DAVIS, MAX	D	RT. 2, BOX 537-3B	CRAWFORDVILLE, FL
LAWSON, LARRY	D	RT. 6, BOX 360	CRAWFORDVILLE, FL
COOK, VALDA	D <i>Society</i>	HWY 319, ACROSS ST. BANK	CRAWFORDVILLE, FL
BURNETT, ARTHUR L.	D	RT. 6, BOX 775-81	CRAWFORDVILLE, FL
FERRELL, EMMETT C. JR.	D	HWY 319, ACROSS FIRE TR.	CRAWFORDVILLE, FL

REGISTERED AGENT INFORMATION

7 Name and Address of Current Registered Agent

CHARTER JUDGE MIKE
COURTHOUSE RM 2,
CRAWFORDVILLE, FL 32327

8 Name and Address of New Registered Agent

Name 81

Street Address (Do NOT Use P.O. Box Number) 82

City and State 83 FL. Zip Code 84

In compliance with the provisions of Sections 607.034 and 607.037, Florida Statutes, the above-named corporation, incorporated under the laws of the State of Florida, submits this statement for the purpose of changing its registered officer or registered agent, or both, in the State of Florida. The change was authorized by resolution duly adopted by its board of directors on _____.

I hereby certify the appointment of registered agent I am familiar with, and accept the obligations of, Section 607.025 F.S.

NATURE (Registered Agent Accepting Appointment) DATE

\$3.00 additional fee required for Registered Agent changes.

8/24/17/86

9 I certify that I am an Officer of the Corporation, the Register or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S. My Signature On This Report Shall Have the Same Legal Effects As if Made Under Oath (Officer's Name must be listed in Block 6)

Valda Cook Secretary

State April 15, 1986

Telephone Number 926-3836

\$5 Additional Fee required for a Certificate of Status

CRF034 11 601

FILE NOW! ANNUAL REPORT DELINQUENT AFTER APPROVAL

CORPORATION
ANNUAL REPORT
1987



FLORIDA DEPARTMENT OF STATE
Secretary of State
Tallahassee, Florida
32399-0001

FEB 25 AM 11:55

FLORIDA DEPT. OF STATE
CORPORATIONS DIVISION
TALLAHASSEE, FLORIDA

Read Notice and Instructions on Other Side Before Making Entries
Filing Fee of \$25 Required - Make Checks Payable To: Secretary of State

1 Name and Address of Corporation Principal Office

113874 7
FIRST BAPTIST CHURCH OF CRAWFORDVILLE, INC.
P.O. BOX 114
CRAWFORDVILLE, FL 32327

If above address is incorrect in any way, enter the correct address
In item 2, include Zip Code

2 Enter Change of Address of Corporation Principal Office. P.O. Box Number Alone is NOT Sufficient!

Street Address 21

P.O. Box No. 22

City and State 23

Zip Code 24

3 Date Incorporated or Qualified to Do Business in Florida: 11/04/1985
4 Federal Employer Identification Number (FEIN): 59-1099746
5 Date of Last Report: 04/17/1986

6 Names and Street Addresses of Each Officer and Director as of December 31, 1988

1 Names of Officers and Directors	2 Title	3 Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	4 City and State
DAVIS, MAX	D	RT. 2, BOX 537-38	CRAWFORDVILLE, FL
LALTON, LARRY	D	RT. 6, BOX 360	CRAWFORDVILLE, FL
COOK, VALDA	D/S	HWY 319, ACROSS ST. BANK	CRAWFORDVILLE, FL
BURNETT, ARTHUR L.	D	RT. 6, BOX 775-81	CRAWFORDVILLE, FL
FERRELL, EMMETT C. JR.	D	HWY 319, ACROSS FIRE TR.	CRAWFORDVILLE, FL

REGISTERED AGENT INFORMATION

7 Name and Address of Current Registered Agent:
CARTER, JUDGE MIKE
COURTHOUSE RM 2,
CRAWFORDVILLE, FL 32327

8 Name and Address of New Registered Agent:
Name 81
Street Address 1 (Do NOT Use P.O. Box Number) 81
Street Address 2 (Do NOT Use P.O. Box Number) 81
City and State 84 FL Do Code 85

I, pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the above-named corporation, incorporated under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida.
Such change was authorized by resolution duly adopted by its board of directors on _____
I hereby accept the appointment of registered agent. I am familiar with and accept the obligations of Section 607.025, F.S.

SIGNATURE _____ (Registered Agent Accepting Appointment) DATE _____

\$3.00 additional fee required for Registered Agent changes

See signature restrictions under instructions on reverse side of this form.
I certify that I am an Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607, F.S. and that I understand my signature on this Report shall have the same legal effect as if made under oath.
Officer signing must be listed in Block 6!

Signature: *Valda Cook* Date: 2/11/89
Typed Name of Signing Officer: Valda Cook Title: Director / Secretary Telephone Number: 924-7511

\$5 Additional Fee required for Certificate of Status

FILE NOW! ANNUAL REPORT DELINQUENT AFTER JULY 1ST.

CORPORATION

ANNUAL REPORT
1988



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

FD-302 (REV. 7-77)

Filing Fee of \$25 Required - Make Checks Payable To: Secretary of State

1. Name and Address of Corporation Principal Office
 N11874
FIRST BAPTIST CHURCH OF CRAWFORDVILLE, INC.
 P.O. BOX 114
 CRAWFORDVILLE, FL 32327

2. Enter Change of Address of Corporation Principal Office. P.O. Box Number Alone is NOT Sufficient

Street Address 21
 P.O. Box No. 22
 City and State 23
 Zip Code 24

If change address is incorrect in any way, enter the correct address in item 2. Include Zip Code.

3. Date of Incorporation or Qualification (Do Business in Florida) **11/04/1985** 4. Federal Employer Identification Number (FEIN) **59-1099746** 5. Date of Last Report **02/25/1987**

6. Names and Street Addresses of Each Officer and Director, as of December 31, 1987

Names of Officers and Directors	Title	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State
DAVIS, MAX	D	RT. 2, BOX 537-3B	CRAWFORDVILLE, FL
LAWSON, LARRY	D	RT. 6, BOX 360	CRAWFORDVILLE, FL
COOK, VALDA	D/S	HWY 319, ACROSS ST. BANK	CRAWFORDVILLE, FL
BURNETT, ARTHUR L.	D	RT. 6, BOX 775-81	CRAWFORDVILLE, FL
PERRELL, EMMETT C. JR.	D	HWY 319, ACROSS FIRE TR.	CRAWFORDVILLE, FL

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent
CARTER JUDGE MIKE
 COURTHOUSE RM 2.
 CRAWFORDVILLE, FL 32327

8. Name and Address of New Registered Agent

Name 81
 Street Address 1 (Do NOT Use P.O. Box Number) 82
 Street Address 2 (Do NOT Use P.O. Box Number) 83
 City and State 84 **FL** Zip Code 85

I, the undersigned, a resident of the State of Florida, hereby certify that the above named corporation, incorporated under the laws of the State of Florida, desires the statement for the purpose of changing its registered office to designated agent, as set forth in the State of Florida. This change was authorized by resolution duly approved by its board of directors on _____, and I accept the responsibility of a registered agent, I am familiar with, and accept the responsibilities of Section 607.325 F.S.

SIGNATURE _____ DATE _____
 (Registered Agent's Address) (Optional)

This report is due on or before the 15th day of April of each year. The undersigned is authorized to sign this report on behalf of the corporation. This report is subject to the provisions of Section 607.325 F.S. and the rules and regulations of the Department of State. The undersigned is authorized to sign this report on behalf of the corporation. This report is subject to the provisions of Section 607.325 F.S. and the rules and regulations of the Department of State.

7. I hereby certify that I am an Officer or Director of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Provided by Chapter 607 F.S. Number County This Corporation is Registered My Signature Co. This Report Shall Have the Same Legal Effects As if Made Under Oath. Office of Principal Office shall be listed in Block 5.

Valda Cook
 Valda Cook
 Secretary

Date **April 20, 1988**
 926-3926

\$5 Annual Fee required for a Certificate of Status

CR-004 (1-88)

FILE NOW! ANNUAL REPORT DELINQUENT AFTER JULY 1ST

APPROVED

AND
FILED

CORPORATION

ANNUAL REPORT
1989



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

1989 APR 11 AM 10:32

FLORIDA DEPARTMENT OF STATE
CORPORATIONS DIVISION
TALLAHASSEE, FLORIDA

Filing Fee of \$35 Required -- Make Checks Payable To: Secretary of State

1 Name and Address of Corporation Principal Office
 ZIP + 4
 N11874 7
 FIRST BAPTIST CHURCH OF CRAWFORDVILLE, INC.
 P.O. BOX 114
 CRAWFORDVILLE, FL 32327-0114
 If above address is incorrect in any way, enter the correct address in item 2. Include Zip Code.

2 Enter Change of Address of Corporation Principal Office. P.O. Box Number Alone is NOT Sufficient.
 Street Address 21
 P.O. Box No. 22
 City and State 23
 Zip Code 24

3 Date Incorporated or Qualified to Do Business in Florida: 11/04/1985
 4 Federal Employer Identification Number (FEIN.): 59-1099746
 5 Date of Last Report: 04/27/1988

6 Names and Street Addresses of Each Officer and Director, as of December 31, 1988

7	8 Names of Officers and Directors	9 Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	10 City and State
D	DAVIS, MAX	RT. 2, BOX 537-3B	CRAWFORDVILLE, FL
D	LAWSON, LARRY	RT. 6, BOX 360	CRAWFORDVILLE, FL
D/S	COOK, VALDA	HWY 319, ACROSS ST. BANK	CRAWFORDVILLE, FL
D	*Taylor, Charles	*Rt. 6 Box 3994	CRAWFORDVILLE, FL
D	FERRELL, EMMETT C. JR.	HWY 319, ACROSS FIRE TR.	CRAWFORDVILLE, FL

* New

REGISTERED AGENT INFORMATION

11 Name and Address of Current Registered Agent
 CARTER JUDGE MIKE
 COURTHOUSE RM 2.
 CRAWFORDVILLE, FL 32327

12 Name and Address of Non-Registered Agent
 Name 12
 Street Address 1 (Do NOT Use P.O. Box Number) 13
 Street Address 2 (Do NOT Use P.O. Box Number) 14
 City and State 15
 Zip Code 16
 FL

I, Pursuant to the provisions of Sections 607.004 and 607.005, Florida Statutes, the above-named corporation, incorporated under the laws of the State of Florida, states this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.
 Such change was authorized by resolution duly adopted by its board of directors on _____
 I hereby accept the appointment of registered agent, I am familiar with, and accept the provisions of Section 607.025, F.S.

SIGNATURE _____ 0478
 (Registered Agent Accepting Appointment)

17 I, a foreign corporation, have first transacted business in Florida.
 See separate notice form under instruction on reverse side of the form.
 I certify that I am an Officer or Director of the Corporation, the Partner or Trustee Entitled to Execute This Report as Required by Chapter 607, F.S., and I further certify that I understand my Signature on This Report Shall Have the Same Legal Effects As if Made Under Oath.
 Officers or Director signing must be listed in BASE 6.

18 Signature of Officer or Director _____
 Max Davis Director of Trustees
 Date: April 6, 1989
 926-7496



FILE NOW! THIS ANNUAL REPORT WILL BE DELINQUENT AFTER JULY 1ST

APPROVED AND BONDED WITHIN THE SPACE

PS0086004

CORPORATION

ANNUAL REPORT 1990



FLORIDA DEPARTMENT OF STATE
Jan Smith
Secretary of State
DIVISION OF CORPORATIONS

1990 MAR -5 AM 12:35

STATE OF FLORIDA
CORPORATIONS DIVISION
TALLAHASSEE, FLORIDA

Filing Fee of \$35 Required - Make Checks Payable To: Secretary of State

Name and Address of Corporation Principal Office

N11874 7

ZIP + 4 PRESORT
FIRST BAPTIST CHURCH OF CRAWFORDVILLE, INC.
P.O. BOX 114
CRAWFORDVILLE, FL 32327-0114

If above address is incorrect in any way enter the correct address in Part 8. Include Zip Code

If Address in Block 1 is incorrect in any way, enter the correct address below. P.O. Box number alone is NOT sufficient. The name of the corporation can be changed only by filing an amendment.

Street Address 21
Highway 319 S.
P.O. Box No. 22
P. O. Box 114
City and State 23
Crawfordville, FL
Zip Code 24
32327

Date of Incorporation or Dissolution (Do Business in Florida)

11/04/1985

FBI Number

59-1099746

FBI Number Applied For
FBI Number Not Applicable

Name and Street Addressing of Each Officer and Director (Do not use any correction tape or fluid to cover over incorrect information)

1	2	3	4
Name of Officers and Directors	Street Address of Each Officer and Director (Do NOT Use Post Office Box Number)	City and State	
D DAVIS, MAX	RT. 2, BOX 537-38	CRAWFORDVILLE, FL	
D LAMON, LARRY	RT. 6, BOX 360	CRAWFORDVILLE, FL	
D/S COOK, VALDA	HWY 319, ACROSS ST. BANK	CRAWFORDVILLE, FL	
D TAYLOR, CHARLES	RT. 6 BOX 8994	CRAWFORDVILLE, FL.	
D FERRELL, EMMETT C. JR.	HWY-319, ACROSS FIRE TR.	CRAWFORDVILLE, FL	
D Tim Jenkins	Rewinkle Road P. O. Box 999	Crawfordville, FL	

REGISTERED AGENT INFORMATION

Name of Registered Agent

CARTER JUDGE MIKE
COURTHOUSE RM 2.
CRAWFORDVILLE, FL 32327

Name 81

Home and Address of Non-Resident Agent

Street Address 1 (Do NOT Use P.O. Box Number) 82
Lake Ellen Estates off Hwy 319 S.
Street Address 2 (Do NOT Use P.O. Box Number) 83
City and State 84
Crawfordville, FL
Zip Code 85
32327

I, the undersigned, being the duly authorized officer or registered agent, of the State of Florida, certify that this document is a true and correct copy of the original as filed with me, and that the same is in full compliance with the provisions of Chapter 607, F.S.

Signature

Registered Agent Accepting Appointment

Date

I hereby certify that the above information is true and correct, and that my signature shall have the same legal effect as if made in person. I am a resident of the State of Florida and I am qualified to execute this report as required by Chapter 607, F.S.

Valda Cook

Feb 7, 1991

Valda Cook

Secretary

926-3836

\$5 Additional Fee required by a Certificate of Status

FILE NOW! CORPORATE STATUS WILL BE DELINQUENT AFTER JULY 1ST.

CORPORATION

ANNUAL REPORT
1991



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
FILED
31 MAY - 8 3 10: 53
FLORIDA DEPARTMENT OF STATE
CORPORATIONS DIVISION
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Read Instructions on Other Side Before Making Entries
FILING FEE OF \$61.25 REQUIRED

1 Name and Mailing Address of Corporation: **DOCUMENT # N11874 (7)**
ZIP + 4 PRESORT
FIRST BAPTIST CHURCH OF CRAWFORDVILLE, INC.
HIGHWAY 319 SOUTH (ZIP 32327)
P.O. BOX 114
CRAWFORDVILLE, FL 32327-0114

2 If Address in Block 1 is incorrect in any way, enter the correct address below. P.O. Box is acceptable. The NAME of the corporation can be changed only by filing an amendment.

21 Street Address

22 PO Box No.

23 City and State

24 Zip Code

If above address is incorrect in any way, enter the correct address in item 2. Include Zip Code

3 Date Incorporated or Qualified To Do Business in Florida: **11/04/1985**

4 FEI Number: **59-1099746**

FEI Number Applied For: **5**

FEI Number Not Applicable: **CERTIFICATE OF STATUS REQUIRED**

\$8.75 Additional Fee Required for a Certificate of Status

6 Names and Street Addresses of Each Officer and Director (Do not use any correction tape or fluid to cover over incorrect information)

7 Title	8 Names of Officers and Directors	9 Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	10 City and State
D	DAVIS, MAX	RT. 2, BOX 597-38	CRAWFORDVILLE, FL
D	LANNON, LARRY	RT. 6, BOX 960	CRAWFORDVILLE, FL
D/S	COOK, VALDA	HWY 319, ACROSS ST. BANK	CRAWFORDVILLE, FL
D	TAYLOR, CHARLES	RT. 6 BOX 8994	CRAWFORDVILLE, FL
D	JENKINS, TIM	REWINKLE ROAD/POB 999	CRAWFORDVILLE, FL
D	FERRELL, ENNETT C., JR.	HWY 319, /POB 1295	CRAWFORDVILLE, FL
T	Langston Patricia B	P.O. Box 25 Council-Moore Rd	Crawfordville, FL

REGISTERED AGENT INFORMATION

11 Name and Address of Current Registered Agent

CARTER, ATTORNEY MIKE

12 Street Address (Do NOT Use P.O. Box Numbers)

Lake Ellen Estates Off Hwy. 319 S.

13 Street Address (Do NOT Use P.O. Box Numbers)

CRAWFORDVILLE FL 32327

In pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered agent or being in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment)

Re 5/8/91

I hereby certify that the information presented on this annual report or supplemental annual report is true and accurate, and that my signature shall have the same legal effect as if I had signed it. I further certify that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 6 or as an attachment to this address.

Patricia B. Langston

PATRICIA B. LANGSTON TREASURER

904 425-2505

FILING FEE OF \$61.25 REQUIRED - Make Checks Payable To: Secretary of State \$8.75 Additional Fee Required for a Certificate of Status

FILE NOW! CORPORATE STATUS WILL BE DELINQUENT AFTER JULY 1ST.

CORPORATION
ANNUAL REPORT
1992



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
BUREAU OF CORPORATIONS

NR1-8'92

APPROVED
SEC. OF STATE
CORPORATIONS DIV.
LAHASSEE, FLA.
FILED

FILING FEE \$61.25 Make Payable To: Secretary of State

DO NOT WRITE IN THIS SPACE

1. Name and Mailing Address of Corporation: **DOCUMENT # N11874 (7)**
FIRST BAPTIST CHURCH OF CRAWFORDVILLE, INC.
HIGHWAY 319 SOUTH (ZIP 32327)
P.O. BOX 114
CRAWFORDVILLE FL 32327-9319

2. If Address in Block 1 is incorrect in any way, use through the correction information and enter the correct address below. This Block is optional. The NAME of the corporation can be changed only by filing an amendment.

21	Mailing Address	24	Zip Code
22	P.O. Box No.		
23	City and State		
	Crawfordville FL		32327-0114

3. Date Incorporated or Qualify To Do Business in Florida: **11/04/1985**

3a. Date of Last Report	4. FEI Number	FEI Number Applied For	5. Fee
05/08/1991	59-1099746		\$8.75
		FEI Number Not Applicable	CERTIFICATE OF STATUS DESIGNED

6. Names and Street Addresses of Each Officer and Director (Do not use any correction type or flag to cover over incorrect information)

1	2	3	4
Name	Names of Officers and Directors	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State
1	DAVIS, MAX	RT. 2, BOX 537-38	CRAWFORDVILLE, FL
2	LANGSTON, PATRICIA B	BOX 25 COUNCIL-MOORE	CRAWFORDVILLE, FL
3	COOK, VALDA	HWY 319, ACROSS ST. BANK	CRAWFORDVILLE, FL
4	TAYLOR, CHARLES	RT. 6 BOX 8994	CRAWFORDVILLE, FL.
5	JENKINS, TIM	REWINKLE ROAD/POB 999	CRAWFORDVILLE, FL
6	FERRELL, EMMETT C JR	HWY 319, POB 1295	CRAWFORDVILLE, FL

REGISTERED AGENT INFORMATION

8. Name and Address of Now Registered Agent

81	Name	85	Zip Code
82	Street Address 1 (Do NOT Use P.O. Box Number)		
83	Street Address 2 (Do NOT Use P.O. Box Number)		
84	City	FL.	

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

9. I, the undersigned, do hereby certify that I am a resident of the State of Florida and I am duly qualified to act as a registered agent for the corporation named herein. Such change was authorized by the board of directors of the corporation named herein and I accept the obligations of Section 607.002, Florida Statutes.

10. I, the undersigned, do hereby certify that I am a resident of the State of Florida and I am duly qualified to act as a registered agent for the corporation named herein. Such change was authorized by the board of directors of the corporation named herein and I accept the obligations of Section 607.002, Florida Statutes. Yes No (See other side for information on filing fee)

11. I, the undersigned, do hereby certify that I am a resident of the State of Florida and I am duly qualified to act as a registered agent for the corporation named herein. Such change was authorized by the board of directors of the corporation named herein and I accept the obligations of Section 607.002, Florida Statutes.

SIGNATURE *Patricia B. Langston*
PATRICIA B LANGSTON Treasurer

6392
904-425-2505

File Now. Filing Fee after May 1 is \$225.00

4-28-92 B-3470-C MLC

CORPORATION
ANNUAL REPORT
1993



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

1. Name and Mailing Address of Corporation: **DOCUMENT # N11874 (7)**
FIRST BAPTIST CHURCH OF CRAWFORDVILLE, INC.
HIGHWAY 319 SOUTH (ZIP 32927)
P.O. BOX 114
CRAWFORDVILLE FL 32327-9319

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/04/1985	3a. Date of Last Report 08/08/1992
4. FEI Number 591099746	5. Certificate of Status Desired <input type="checkbox"/>
6. Amount of Campaign Expenditures This Year for Candidates <input type="checkbox"/>	\$8.75 Additional Fee for Report
7. Microfilm with FRS 5010423 Tax Exempt Status <input checked="" type="checkbox"/>	\$5.00 May Be Added to Fees
8. The corporation is not holding the following securities: <input type="checkbox"/> U.S. Govt. Bonds <input type="checkbox"/> U.S. Govt. Securities <input type="checkbox"/> U.S. Govt. Securities	\$138.75 Supplemental Fee Not Required

FILING FEE \$200.00
ANNUAL REPORT \$61.25 + \$138.75 CORPORATION SUPPLEMENTAL FEE
MAKE CHECK PAYABLE TO DEPARTMENT OF STATE

21. Highway 319 South	26. State, Apt. #, etc.
22. P.O. Box 114	27. City & State
23. Crawfordville, Fl.	28. City & State
24. 32326-0114	29. Zip
25. Wakulla	30. Country

8. Name and Address of Current Registered Agent
CARTER, ATTORNEY MIKE
LAKE ELLEN ESTATES OFF HWY. 319 S.
CRAWFORDVILLE FL 32327

81. Name	85. Zip Code	86. County
82. Street Address (P.O. Box Number is Not Acceptable)	FL	
83.		
84. City		

11. I, the undersigned, Secretary, Treasurer, and Director of Sections 607.0505 and 607.1205 of Sections 607.0505 and 607.1205, Florida Statutes, the above named corporation, hereby certify that the provisions of Sections 607.0505 and 607.1205 of Sections 607.0505 and 607.1205, Florida Statutes, have been complied with and accepted the obligations of Section 607.0505, Florida Statutes.

12. OFFICERS AND DIRECTORS	13. OFFICERS AND DIRECTORS CHANGES
D DAVIS, MAY RT. 2, BOX 537-3B CRAWFORDVILLE FL	1. NAME 2. NAME 3. ADDRESS 4. CITY, ST. ZIP
T LANGSTON, PATRICIA B BOX 25 COUNCIL-MOORE CRAWFORDVILLE FL	5. NAME 6. NAME 7. ADDRESS 8. CITY, ST. ZIP
D/S COOK, WALDA HWY 319 - ACROSS ST. BANK CRAWFORDVILLE FL	9. NAME 10. NAME 11. ADDRESS 12. CITY, ST. ZIP
D TAYLOR, CHARLES RT. 6-BOX 8994 CRAWFORDVILLE FL	13. NAME 14. NAME 15. ADDRESS 16. CITY, ST. ZIP
D JENKINS, TIM REWINNLE ROAD/POB 909 CRAWFORDVILLE FL	17. NAME 18. NAME 19. ADDRESS 20. CITY, ST. ZIP
D FERRELL, EMMETT C JR HWY 319, POB 1295 CRAWFORDVILLE FL	21. NAME 22. NAME 23. ADDRESS 24. CITY, ST. ZIP

SIGNATURE *Patricia B Langston*
 Patricia B. Langston
 Treasurer

2-26-93

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

FILED

APR 28 PM 2:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1994



FLORIDA DEPARTMENT OF STATE
Jon Smith
Secretary of State
DIVISION OF CORPORATIONS

1. Corporation Name
FIRST BAPTIST CHURCH OF CRAWFORDVILLE, INC.

DOCUMENT #
N11874 (7)

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

Principal Place of Business
HWY 319 SO
PO BOX 114
CRAWFORDVILLE FL 32326-0114
US

If these addresses are incorrect in any way, fill in through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Quasidated
11/04/1985

2a. Date of Last Report
04/23/1993

2. Mailing Address (21) State, Apt. #, etc. (22) City & State (23) Zip (24) Country

2a. Principal Place of Business (26) State, Apt. #, etc. (27) City & State (28) Zip (29) Country

4. FEI Number
59-1089746

5. Certificate of Status Debited
\$3.75

6. Section Number: Financial Statements Filed
\$5.00 May Be Added to Fees

7. Nonprofit Exempt from \$138.75 Supplemental Fee

8. This corporation has liability for intangible tax under S. 194(3), Florida Statutes Yes No

9. Name and Address of Current Registered Agent
CARTER, ATTORNEY MIKE
LAKE ELLEN ESTATES OFF HWY. 319 S.
CRAWFORDVILLE FL 32327

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City FL 85. Zip Code

11. Pursuant to the provisions of Sections 607.0602 and 607.1503 or Sections 617.0602 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0605 or 617.0903, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 1994	
12.1 NAME D DAVIS, MAX RT.2, BOX 537-38 CRAWFORDVILLE FL	12.2 ADDRESS	13.1 TITLE	13.2 NAME
12.3 NAME LANGSTON, PATRICIA D BOX 65 COUNCIL MOORE CRAWFORDVILLE FL	12.4 ADDRESS	13.3 STREET ADDRESS	13.4 STREET ADDRESS
12.5 NAME D STOKLEY ALICE RT 2 BOX 4707 CRAWFORDVILLE FL	12.6 ADDRESS	13.5 CITY-ST-CP	13.6 CITY-ST-CP
12.7 NAME D HARVEY ROBERT RT. 3, BOX 5101 CRAWFORDVILLE FL	12.8 ADDRESS	13.7 NAME	13.8 NAME
12.9 NAME D JESIGNS, TIM REYNOLDS ROAD/POB 888 CRAWFORDVILLE FL	12.10 ADDRESS	13.9 STREET ADDRESS	13.10 STREET ADDRESS
12.11 NAME D FERRELL, EMMETT C JR HWY 319, POB 1295 CRAWFORDVILLE FL	12.12 ADDRESS	13.11 CITY-ST-CP	13.12 CITY-ST-CP
12.13 NAME	12.14 ADDRESS	13.13 NAME	13.14 NAME
12.15 NAME	12.16 ADDRESS	13.15 STREET ADDRESS	13.16 STREET ADDRESS
12.17 NAME	12.18 ADDRESS	13.17 CITY-ST-CP	13.18 CITY-ST-CP
12.19 NAME	12.20 ADDRESS	13.19 NAME	13.20 NAME
12.21 NAME	12.22 ADDRESS	13.21 STREET ADDRESS	13.22 STREET ADDRESS
12.23 NAME	12.24 ADDRESS	13.23 CITY-ST-CP	13.24 CITY-ST-CP

14. I, the undersigned, declare that the information provided with this form is voluntary furnished and does not qualify for the exemption status in Section 119(c)(3)(A), Florida Statutes, covering the disclosure of certain information by a state or local government or person with Section 119(2)(b) in the event that the information supplied is disclosed pursuant to a public address. I further declare that the information provided is true and accurate and that the signature shall have the same legal effect as if made by the person named. I hereby accept the appointment as registered agent and accept the obligations of Chapter 607 or Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13, if changed, or on an alternate page to this form.

SIGNATURE: *Elizabeth Ann Jones* 4-28-94 9:26-7526

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



Florida Department of State
Secretary of State
CORPORATION

FILED
SECRETARY OF STATE
CORPORATIONS

95 APR -5 PM 12:15

DOCUMENT # N11874 (7)

FIRST BAPTIST CHURCH OF CRAWFORDVILLE, INC.

1. Name of Business
MAY 319 SO
PO BOX 114
CRAWFORDVILLE FL 32226-0114
US

1a. Mailing Address
HWY 319 SO
PO BOX 114
CRAWFORDVILLE FL 32226-0114
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporation or Dissolved 11/04/1985
2a. Date of Last Report 04/28/1994

4. FEI Number 59-1099746

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

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 197.03, Florida Statutes Yes No

2. Principal Place of Business

21. Street, Apt. #, etc.

22. City & State

23. Zip

24. Country

25. Zip

26. Mailing Address

27. Street, Apt. #, etc.

28. City & State

29. Zip

30. Country

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number if Not Acceptable)

83. City

84. State FL

85. Zip

I, the undersigned, being a resident of this State, do hereby certify that the information furnished herein is true and correct, and that I am duly qualified to act as a registered agent for the corporation named herein. I hereby accept the appointment as registered agent for the corporation named herein, and accept the obligations of Section 607.0505, Florida Statutes.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
NAME	JONES, ELIZABETH ANN RT 5 BOX 2156 N/A CRAWFORDVILLE FL	11 TITLE	
NAME	LANGSTON, PATRICIA B BOX 25 COUNCIL-MOORE CRAWFORDVILLE FL	12 NAME	D Evelyn Cowdy
NAME	STOKLEY, ALICE RT 2 BOX 4707 CRAWFORDVILLE FL	21 STREET ADDRESS	Rt. 6, Box 8602
NAME	HARVEY, ROBERT RT. 3, BOX 5101 CRAWFORDVILLE FL	24 CITY, ST., ZIP	Crawfordville, Fl. 32327
NAME	JENKINS, TIM REWINKLE ROAD/POB 899 CRAWFORDVILLE FL	31 TITLE	John Daniel
NAME	FERRELL, EMMETT C JR HWY 319, POB 1285 CRAWFORDVILLE FL	32 NAME	High Street, P.O. BOX 172
		33 STREET ADDRESS	Crawfordville, Fl. 32326
		34 CITY, ST., ZIP	
		41 TITLE	
		42 NAME	
		43 STREET ADDRESS	
		44 CITY, ST., ZIP	
		51 TITLE	
		52 NAME	
		53 STREET ADDRESS	
		54 CITY, ST., ZIP	

I, the undersigned, do hereby certify that the information furnished herein is true and correct, and that I am duly qualified to act as a registered agent for the corporation named herein. I hereby accept the appointment as registered agent for the corporation named herein, and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: *Emmett C Ferrell Jr*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-3-95 (194)926 7876