


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 31, 2003 8:00 am**  
**Secretary of State**

01-31-2003 90171 023 \*\*\*\*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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip

4. FEI Number **59-1099746**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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)

**FILE NOW: FEE IS \$61.25**

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

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	T	<input type="checkbox"/> Delete
NAME	<b>ROBERTS, LYNN</b>	
STREET ADDRESS	<b>82 MOSE STRICKLAND RD</b>	
CITY-ST-ZIP	<b>CRAWFORDVILLE FL 32327</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>HARVEY, HELEN D</b>	
STREET ADDRESS	<b>268 HARVEY MILL ROAD</b>	
CITY-ST-ZIP	<b>CRAWFORDVILLE FL 32327</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>JENKINS, TIM</b>	
STREET ADDRESS	<b>P O BOX 999</b>	
CITY-ST-ZIP	<b>CRAWFORDVILLE FL 32326</b>	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	<b>FERRELL, EMMETT C JR</b>	
STREET ADDRESS	<b>P O BOX 1295, 3504 CRAWFORDVILLE HWY</b>	
CITY-ST-ZIP	<b>CRAWFORDVILLE FL 32326-1295</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>COUNCIL, DENNIS</b>	
STREET ADDRESS	<b>139 COUNCIL MOORE RD.</b>	
CITY-ST-ZIP	<b>CRAWFORDVILLE FL 32327</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>HENDERSON, ANN</b>	
STREET ADDRESS	<b>PO BOX 265</b>	
CITY-ST-ZIP	<b>CRAWFORDVILLE FL 32326</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Larry Lawhon</b>	
STREET ADDRESS	<b>2491 Crawfordville, Hwy. 327</b>	
CITY-ST-ZIP	<b>Crawfordville, FL 32327</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: LYNN ROBERTS RELYNN@FIRSTBAPTISTCHURCH.COM 1-22-03 926-5055

CR2E037 (10/02)