

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 MAR 15 AM 10:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N94000000694 (9)**

1. Corporation Name

FIRST BAPTIST CHURCH OF CRYSTAL RIVER, INC.

Principal Place of Business

Mailing Address

G/O L B THOMASON  
700 NORTH CITRUS AVENUE  
CRYSTAL RIVER FL 34428

G/O L B THOMASON  
700 NORTH CITRUS AVENUE  
CRYSTAL RIVER FL 34428

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**02/04/1994**

3a. Date of Last Report  
N/A

4. FEI Number  
**593265653**

Applied For  
Not Applicable

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. 199.032,  
Florida Statutes  Yes  No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THOMASON, L B  
520 N.W. 7TH AVENUE  
CRYSTAL RIVER FL 34428

81 Name **HAROLD B. STEPHENS**

82 Street Address (P.O. Box Number is Not Acceptable)  
**825 North Citrus Avenue**

84 City **Crystal River**

85 Zip Code **FL 34428**

11. 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 office or registered agent, as set forth 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 Chapter 607.0508, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and date if applicable.

**HAROLD B. STEPHENS**

**March 9, 1995**

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D**  
NAME **HALL, WILLIAM L**  
STREET ADDRESS **455 N.W. 8TH AVE.**  
CITY-ST-ZIP **CRYSTAL RIVER FL 34428**

1.1 TITLE **President/Director**  Change  Addition  
1.2 NAME **HALL, WILLIAM L.**  
1.3 STREET ADDRESS **455 N.W. 8th AVENUE**  
1.4 CITY-ST-ZIP **CRYSTAL RIVER, FLORIDA 34428**

TITLE **D**  
NAME **LANE, GILBERT**  
STREET ADDRESS **949 S.E. KINGS BAY DR**  
CITY-ST-ZIP **CRYSTAL RIVER FL 34428**

2.1 TITLE **Director**  Change  Addition  
2.2 NAME **HAROLD B. STEPHENS**  
2.3 STREET ADDRESS **825 NORTH CITRUS AVENUE**  
2.4 CITY-ST-ZIP **CRYSTAL RIVER, FLORIDA 34428**

TITLE **D**  
NAME **LEWIS, VINEL**  
STREET ADDRESS **454 N.W. 8TH AVE**  
CITY-ST-ZIP **CRYSTAL RIVER FL 34428**

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE **PD**  
NAME **BONNER, R O**  
STREET ADDRESS **4216 PARADISE AVENUE**  
CITY-ST-ZIP **CRYSTAL RIVER FL 34428**

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE **D**  
NAME **REDRICK, JOHN**  
STREET ADDRESS **HWY. 491**  
CITY-ST-ZIP **LECANTO FL 34401**

5.1 TITLE  Change  Addition  
5.2 NAME **REDRICK, JOHN**  
5.3 STREET ADDRESS **920 NORTH LECANTO HIGHWAY**  
5.4 CITY-ST-ZIP **LECANTO, FLORIDA 34461**

TITLE **D**  
NAME **WATSON, DEBRA O**  
STREET ADDRESS **805 S POINSETTA TERR**  
CITY-ST-ZIP **CRYSTAL RIVER FL 34428**

6.1 TITLE  Change  Addition  
6.2 NAME **PAT KURTZ**  
6.3 STREET ADDRESS **5184 NORTH MINT POINT**  
6.4 CITY-ST-ZIP **BEVERLY HILLS, FLORIDA 34465**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information included in this annual report or supplemental annual 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 its registered agent, or I am authorized to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report.

SIGNATURE:

HAROLD B. STEPHENS

3/9/95

(904) 795-2088

Date

Daytime Phone #