

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

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N94000000694 (9)**

1. Corporation Name

**FIRST BAPTIST CHURCH OF CRYSTAL RIVER, INC.**



Principal Place of Business

Mailing Address

~~C/O L. B. THOMASON~~  
700 NORTH CITRUS AVENUE  
CRYSTAL RIVER FL 34428

~~C/O L. B. THOMASON~~  
700 NORTH CITRUS AVENUE  
CRYSTAL RIVER FL 34428

3. Date Incorporated or Qualified **02/04/1994**      3a. Date of Last Report **03/15/1995**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number <b>59-3265653</b>	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.	5.	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Zip	29	Zip	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**STEPHENS, HAROLD B.**  
825 NORTH CITRUS AVENUE  
CRYSTAL RIVER FL 34428

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 617.0502 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD HALL, WILLIAM L 455 N.W. 8TH AVE. CRYSTAL RIVER FL	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D STEPHENS, HAROLD B. 825 NORTH CITRUS AVENUE CRYSTAL RIVER FL	2.1 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<del>D</del> LEWIS, VINEL 454 N.W. 8TH AVE CRYSTAL RIVER FL 34420	3.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Rebecca Culver
STREET ADDRESS		3.3 STREET ADDRESS	8219 North Pinehaven Point
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Crystal River, Florida 34448
TITLE	<del>PD</del> BONNER, R C 1216 PARADISE AVENUE CRYSTAL RIVER FL 34420	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D REDRICK, JOHN 920 NORTH LECANTO HIGHWAY LECANTO FL	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<del>S</del> KURTZ, PAT 5184 NORTH MINT POINT BERVERLY HILLS FL	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 119.07(3)(k), Florida Statutes. I further certify that the information indicated on 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 the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attached schedule of addresses.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 29, 1996 (352) 795-2088

Date

Daytime Phone #

Harold B. Stephens

CR2E037 (12/95)