

FILE NOW: FILING FEE IS \$61.25.

FILED
May 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT #
 1. Corporation Name **N94000000694 (9)**
First Baptist Church of Crystal River, Inc.

Principal Place of Business Mailing Address
700 N. Citrus Ave. Same
Crystal River, FL 34428

3. Date Incorporated or Qualified **02/04/1994** 3a. Date of Last Report **02/05/1996**
 4. FEI Number **59-3265653** 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**
 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.
 22 City & State 27 City & State
 23 Zip Country 28 Zip Country
 24 25 29 30

9. Name and Address of Current Registered Agent
Harold B. Stephens
825 N. Citrus Avenue
Crystal River, FL 34428

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 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	Hall, William L.	
STREET ADDRESS	455 N.W. 8th Ave.	
CITY-ST-ZIP	Crystal River, FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Stephens, Harold B.	
STREET ADDRESS	825 N. Citrus Ave.	
CITY-ST-ZIP	Crystal River, FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	Redrick, John	
STREET ADDRESS	920 N. Lecanto Hwy.	
CITY-ST-ZIP	Lecanto, FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	LeMieux, Lisa	
STREET ADDRESS	1970 S. Casey Pt./	
CITY-ST-ZIP	Homosassa, FL 628-7668	
TITLE	T	<input type="checkbox"/> DELETE
NAME	Hembree, James	
STREET ADDRESS	5379 N. Sierra Vista Dr.	
CITY-ST-ZIP	Crystal River, FL 34428	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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14. I do 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 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 attachment with an address.

SIGNATURE: *James M. Hembree* **5/5/97** **352-795-3367**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
James Hembree, Treasurer

CR2E037 (9/96)