FILE NOW: FILING FEE IS \$61.25.

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT #

N94000000694 (9)

First Baptist Church of Crystal River, Inc.

FILED							
May	14	1997	8:00am				
Sec	cret	ary of	State				

Principal Plac	e of Business	Mailing Address						
·								
	. Citrus Ave.	Same						
Cryst	al River, FL 344							
]					3. Date Incorporated or Qualified	3a. Date of Last Report		
2 Principal P	Place of Rusiness	2a. Mailing Address		<u>.</u>	02/04/1994 4. FEI Number	02/05/1996		
2. Principal Place of Business		26 Adoress		\$9-3265653	Applied For Not Applicable			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				CO 75 A-1-21		
22		27			5. Certificate of Status Desired	Fee Required		
City & Stat	Θ	City & State			6. Election Campaign Financing	\$5.00 May Be		
23		28			Trust Fund Contribution	Added to Fees		
Zip	Country	Zip	Count	try	8. This corporation has liability for in			
24	25	[29]	30			Yes XXNo		
	9. Name and Address of Current	Hegistered Agent		1 Name	10. Name and Address of New Reg	istered Agent		
Har	old B. Stephens		L					
825 N	. Citrus Avenue		8	2 Street Add	dress (P.O. Box Number is Not Acceptable	e)		
		428	la la	3				
CLYBC	ar viver, in 34.	420	Ľ	<u></u>				
			8	4 City		EI 85 Zip Code		
11. Pursuant	to the provisions of Sections 617.0502	and 617,1508, Florida Statu	tes, the abo	ve-named co	rooration submits this statement for the pu	prose of changing its registered		
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.								
	, ,	nona bi, oconon o i r.coo, i i	ionda otatut	.00.				
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NO	1E: Registered A	lgent signature requ	uired when reinstating)	DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTORS IN 12		
TITLE	D D	☐ DCTE1E	1111110			Change Addition		
NAME	Hall, William L.	•	1 2 NAM	£]		
STREET ADDRESS	455 N.W. 8th Ave	∍.	1.3 STRE	ET ADDRESS		Įį		
CITY-ST-ZIP	Crystal River, 1	FL.	1.4 CITY					
TITLE	D	☐ DELETE	2.1 TITLE			☐ Change ☐ Addition		
NAME	Stephens, Harold		2.2 NAM	·				
STREET ADDRESS	825 N. Citrus A	7e.		ET ADDRESS				
CITY-ST-ZIP TITLE	Grystal River, I	PL DELETE	2 4 CITY 3.1 TITLE	'-S1-ZIP	-	☐ Change ☐ Addition		
NAME	PD	L Beccie	3.7 MAM					
STREET ADDRESS	Redrick, John		1	ET ADDRESS				
CITY-ST-ZIP	920 N. Lecanto I	lwy.		-ST-ZIP				
TITLE	Lecanto, FL	☐ DELETE	4.1 1111.6		· · · · · · · · · · · · · · · · · · ·	Change Addition		
NAME	S		4. 2 NAM	IE				
STREET ADDRESS	LéMieux, Lisa		4.3 STRE	ET ADDRESS				
CITY-ST-ZIP	1970 S. Casey Pt	:./	4.4 CITY	- ST - ZIP				
TITLE	Homosassa, FL	28-7668 DELETE	5.1 TITLE			Change Addition		
NAME	•		5.2 NAM	Ε				
STREET ADDRESS			5.3 STRE	ET ADDRESS				
CITY-ST-ZIP			5 4 CITY	- \$1 - 2IP				
TITLE	T	DELETE	6 1 TITLE			☐ Change ☐ Addition		
NAME	Hembree, wJames		62 NAM	[10000219	036109		
STREET ADDRESS	5379 N. Sierra V	Vista Dr.	6.3 STRE	E1 ADDRES\$	10000219 -05/23/970110	19031 5/11/97		
CITY-ST-ZIP			6.4 CITY	ST-ZIP	ALCOHOLOGICAL CONT.	7//9/		
informatio	14. I do hereby certify final the information supplied with this filling 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.								
appon 6 H	CONTROL OF CHARGON OF C	on an addoning the with all au	G. 003.			i		

SIGNATURE:

AND THE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR JAMES Hembree, Treasurer

5/5/9

352-795-3367

Daytime Phorie #