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Feb 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000000694 (9)

1. Corporation Name
FIRST BAPTIST CHURCH OF CRYSTAL RIVER, INC.



Principal Place of Business 700 NORTH CIRCUS AVENUE CRYSTAL RIVER FL 34428 US	Mailing Address 700 NORTH CIRCUS AVENUE CRYSTAL RIVER FL 34428 US
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3. Date Incorporated or Qualified 02/04/1994	
4. FEI Number 59-3265653	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 Zip	25 Country
29 Zip	30 Country

9. Name and Address of Current Registered Agent

STEPHENS, HAROLD B.
825 NORTH 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	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 NORTH CITRUS AVENUE	
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	LE MIEUX, LISA	
STREET ADDRESS	1970 S. CASEY PT	
CITY-ST-ZIP	HOMOSSASSA FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	HEMBREE, JAMES	
STREET ADDRESS	5379 N. SIERRA VISTA DR	
CITY-ST-ZIP	CRYSTAL RIVER FL 34428	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	HOLMES, MRS. RUTH	
1.3 STREET ADDRESS	226 Crystal St.	
1.4 CITY-ST-ZIP	Crystal River, FL 34428	
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		

14. 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 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 of its assets; and that 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 if changed, or both attachments, with my address.

SIGNATURE: _____ DATE: 1/14/98 352-7952085

CR2E037 (10/97)