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FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90176 009 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **N94000000694**

1. Corporation Name

FIRST BAPTIST CHURCH OF CRYSTAL RIVER, INC.

150372 90176 9 2

Principal Place of Business

Mailing Address

700 NORTH CIRCUS AVENUE
 CRYSTAL RIVER FL 34428
 US

700 NORTH CIRCUS AVENUE
 CRYSTAL RIVER FL 34428
 US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 700 N. Citrus Avenue

26 700 N. Citrus Avenue

02/04/1994

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

4. FEI Number

Applied For

59-3265653

Not Applicable

23 City & State

28 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 Zip

Country

29 Zip

Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

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

T HOLMES, RUTH M
 226 CRYSTAL ST
 CRYSTAL RIVER FL 34428

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

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

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

PD REDRICK, JOHN
 920 N. LECANTO HWY
 LECANTO FL

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

S LE MIEUX, LISA
 1970 S. CASEY PT
 HOMOSSASSA FL

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

T HEMBREE, JAMES
 5379 N. SIERRA VISTA DR
 CRYSTAL RIVER FL 34428

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

DELETE

6.1 TITLE Change 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 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, with all other like empowered.

SIGNATURE:

Marylou Rusovitch
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Marylou Rusovitch / 1/20/99

352-795-3367

Date

Daytime Phone #

CR2E037 (11/98)