

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 25, 2000 8:00 am**  
**Secretary of State**

01-25-2000 90055 020 \*\*\*\*61.25

**DOCUMENT # N94000000694**

1. Entity Name

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

Principal Place of Business

Mailing Address

700 NORTH CITRUS AVENUE  
 CRYSTAL RIVER FL 34428  
 US

700 NORTH CITRUS AVENUE  
 CRYSTAL RIVER FL 34428-3925  
 US

00008731



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3265653**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

T  Delete  
 NAME **HOLMES, RUTH M.**  
 STREET ADDRESS **226 CRYSTAL ST**  
 CITY-ST-ZIP **CRYSTAL RIVER FL 34428**

Change  Addition

D  Delete  
 NAME **STEPHENS, HAROLD B.**  
 STREET ADDRESS **825 NORTH CITRUS AVENUE**  
 CITY-ST-ZIP **CRYSTAL RIVER FL**

Change  Addition

PD  Delete  
 NAME **REDRICK, JOHN**  
 STREET ADDRESS **920 N. LECANTO HWY**  
 CITY-ST-ZIP **LECANTO FL**

Change  Addition

S  Delete  
 NAME **RUSOVITCH, MARYLOU**  
 STREET ADDRESS **2956 N. CAROLINA ROAD**  
 CITY-ST-ZIP **CRYSTAL RIVER FL 34428**

Change  Addition

T  Delete  
 NAME **MORAN, ERNEST**  
 STREET ADDRESS **5163 PITCH PINE CT.**  
 CITY-ST-ZIP **LECANTO FL 34461**

Change  Addition

Delete

Change  Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Ruth R. Holmes* **Ruth R. Holmes** **1/19/00** **352-795-3367**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #