

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 02, 2001 8:00 am
Secretary of State

02-02-2001 90267 005 ****61.25

DOCUMENT # N94000000694

1. Entity Name

FIRST BAPTIST CHURCH OF CRYSTAL RIVER, INC.

Principal Place of Business

700 NORTH CITRUS AVENUE
 CRYSTAL RIVER FL 34428
 US

Mailing Address

700 NORTH CITRUS AVENUE
 CRYSTAL RIVER FL 34428
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3265653

Applied For

Not Applicable

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

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE **P** Change Addition
 NAME **Leamer, Charles**
 STREET ADDRESS **2 Gerbera Court**
 CITY-ST-ZIP **Homosassa, FL 34446**

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

TITLE **D** Change Addition
 NAME **Leonard Damron**
 STREET ADDRESS **4386 W. Norvell Bryant**
 CITY-ST-ZIP **Crystal River, FL 34429**

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

TITLE **S** Change Addition
 NAME **Walker, Brenda**
 STREET ADDRESS **9 Hackberry Drive**
 CITY-ST-ZIP **Homosassa, FL 34446**

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

TITLE **T** Change Addition
 NAME **Cappola, Winona**
 STREET ADDRESS **1238 N.E. 5th Ave.**
 CITY-ST-ZIP **Crystal River, FL 34428**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 M. Holmes Ruth M. Holmes 1/17/01 352-795-3367
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (10/00)