

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90055 008 ****70.00

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
 US**

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



DO NOT WRITE IN THIS SPACE

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
 NAME **Lilly, Carol**
 STREET ADDRESS **1432 S.E. 4th Avenue**
 CITY-ST-ZIP **Crystal River, FL 34428**

P Delete
 NAME **LEAMER, CHARLES**
 STREET ADDRESS **2 GERBERA COURT**
 CITY-ST-ZIP **HOMOSASSA FL 34446**

Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

D Delete
 NAME **LEONARD, DAMRON**
 STREET ADDRESS **4386 W NORVELL BRYANT**
 CITY-ST-ZIP **CRYSTAL RIVER FL 34429**

Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

S Delete
 NAME **WALKER, BRENDA**
 STREET ADDRESS **9 HACKBERRY DRIVE**
 CITY-ST-ZIP **HOMOSASSA FL 34446**

Change Addition
 NAME **Winn, Betty**
 STREET ADDRESS **725 N.E. 12th Street**
 CITY-ST-ZIP **Crystal River, FL 34428**

T Delete
 NAME **CAPPOLA, WINONA**
 STREET ADDRESS **1238 NE 5TH AVENUE**
 CITY-ST-ZIP **CRYSTAL RIVER FL 34428**

Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: _____ **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/02
 Date

352-785-3367
 Daytime Phone #

CR2E037 (9/01)