


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2005 08:00 AM
Secretary of State

DOCUMENT # N94000000694
 1. Entity Name
 FIRST BAPTIST CHURCH OF CRYSTAL RIVER, INC.



Principal Place of Business Mailing Address
 700 NORTH CITRUS AVENUE 700 NORTH CITRUS AVENUE
 CRYSTAL RIVER, FL 34428 US CRYSTAL RIVER, FL 34428 US

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01112005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3265653	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 STEPHENS, HAROLD B.
 825 NORTH CITRUS AVENUE
 CRYSTAL RIVER, FL 34428

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T VAN NESS, MONTY 1158 N. CIRCLE DRIVE CRYSTAL RIVER, FL 34429
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LOWREY, JIM 5975 W. WYNN COURT CRYSTAL RIVER, FL 34429
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LEONARD, DAMRON 4386 W NORVELL BRYANT CRYSTAL RIVER, FL 34429
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WINN, BETTY 725 NE 12TH STREET CRYSTAL RIVER, FL 34428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CAPPOLA, WINONA 1238 NE 5TH AVENUE CRYSTAL RIVER, FL 34428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STEPHENS, HAROLD 825 N. CITRUS AVENUE CRYSTAL RIVER, FL 34428

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 01/18/05-80003-005 61.25

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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: Winona Cappola 1/12/05 352-795-3367
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #