


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90066 011 ****61.25

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 CRYSTAL RIVER FL 34428
US US



2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E037 (10/05)

City & State City & State

4. FEI Number Applied For
59-3265653 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
STEPHENS, HAROLD B.
~~825 NORTH CITRUS AVENUE~~ *3591 West Gulf*
CRYSTAL RIVER FL 34428 *to take Hwy*
Secanto FL 34461

7. Name and Address of New Registered Agent
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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW - FEE IS \$61.25
Due By May 1, 2006

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	T	<input type="checkbox"/> Delete
NAME	VAN NESS, MONTY	
STREET ADDRESS	1158 N. CIRCLE DRIVE	
CITY-ST-ZIP	CRYSTAL RIVER FL 34429	
TITLE	T	<input type="checkbox"/> Delete
NAME	LOWREY, JIM	
STREET ADDRESS	5975 W. WYNN COURT	
CITY-ST-ZIP	CRYSTAL RIVER FL 34429	
TITLE	T	<input type="checkbox"/> Delete
NAME	LEONARD, DAMRON	
STREET ADDRESS	4386 W NORVELL BRYANT	
CITY-ST-ZIP	CRYSTAL RIVER FL 34429	
TITLE	S	<input type="checkbox"/> Delete
NAME	WINN, BETTY	
STREET ADDRESS	725 NE 12TH STREET	
CITY-ST-ZIP	CRYSTAL RIVER FL 34428	
TITLE	T	<input type="checkbox"/> Delete
NAME	CAPPOLA, WINONA	
STREET ADDRESS	1238 NE 5TH AVENUE	
CITY-ST-ZIP	CRYSTAL RIVER FL 34428	
TITLE	T	<input type="checkbox"/> Delete
NAME	STEPHENS, HAROLD	
STREET ADDRESS	825 N. CITRUS AVENUE	
CITY-ST-ZIP	CRYSTAL RIVER FL 34428	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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* *2/15/06*