


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 22, 2008 8:00 am
Secretary of State

02-22-2008 90020 007 ****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 - No P.O. Box # 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
59-3265653 Not Applicable

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

1st MOORE CR2E037 (10/07)

6. Name and Address of Current Registered Agent
STEPHENS, HAROLD B.
3591 WEST GULF TO LAKE HWY
LECANTO 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 _____
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature and title when reinstating) DATE

FILE NOW... FEE IS \$61.25
Due By May 1, 2008

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	9779 N. CAVEWOOD AVE.	
CITY-ST-ZIP	CRYSTAL RIVER FL 34429	
TITLE	T	<input type="checkbox"/> Delete
NAME	LOWREY, JIM	
STREET ADDRESS	2425 W. BEGONIA DR.	
CITY-ST-ZIP	BEVERLY HILLS FL 34465	
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		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jim Hembree	
STREET ADDRESS	5379 N. Sierra Vista Drive	
CITY-ST-ZIP	Crystal River, FL 34428	
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 2-6-08