2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N9400000694

FILED Mar 25, 2009 Secretary of State

Entity Name: FIRST BAPTIST CHURCH OF CRYSTAL RIVER, INC.

Current Principal Place of Business: New Principal Place of Business: 700 NORTH CITRUS AVENUE CRYSTAL RIVER, FL 34428 **Current Mailing Address: New Mailing Address:** 700 NORTH CITRUS AVENUE CRYSTAL RIVER, FL 34428 US FEI Number: 59-3265653 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: STEPHENS, HAROLD B. 3591 WEST GULF TO LAKE HWY LECANTO, FL 34461 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete VAN NESS, MONTY HEMBREE, JAMES Name: Name: 9779 N. CAVEWOOD AVE. Address: 5379 N. SIERRA VISTA DRIVE Address: City-St-Zip: CRYSTAL RIVER, FL 34429 City-St-Zip: CRYSTAL RIVER, FL 34428 Title: Title: () Delete (X) Change () Addition LOWREY, JIM Name: RICE, ERNIE Name: Address: 2425 W. BEGONIA DR. Address: 3397 PROMONTORY DRIVE City-St-Zip: BEVERLY HILLS, FL 34465 City-St-Zip: BEVERLY HILLS, FL 34465 Title: () Delete Title: () Change () Addition WINN, BETTY Name: Name: Address: 725 NE 12TH STREET Address: City-St-Zip: CRYSTAL RIVER, FL 34428 City-St-Zip: Title: () Delete Title: () Change () Addition Name: CAPPOLA, WINONA Name: 1238 NE 5TH AVENUE Address: Address: City-St-Zip: CRYSTAL RIVER, FL 34428 City-St-Zip: Title: () Delete Title: (X) Change () Addition HEMBREE, JIM LEVINS, RODNEY Name: Name: 5379 N SIERRA VISTA DR 9740 W. DEEPWOODS DRIVE Address: Address: City-St-Zip: CRYSTAL RIVER, FL 34428 City-St-Zip: CRYSTAL RIVER, FL 34428 Title: () Delete Title: () Change (X) Addition CHARLTON, ROBERT Name: Name: Address: Address: 5448 W. DAYFLOWER PATH LECANTO, FL 34461 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MELISSA LEMIEUX S 03/25/2009