

2001 UNIFORM BUSINESS REPORT (UBR)

1/8/01-9

FILED
Feb 08, 2001 8:00 am
Secretary of State

01-08-2001 90021 009 ***61.25

DOCUMENT # N96000003550

1. Entity Name

FIRST BAPTIST CHURCH OF CROSS CITY, INC.

Principal Place of Business

Mailing Address

US 19N / PINWOOD DR
 CROSS CITY FL 32628

P.O. BOX 897
 CROSS CITY FL 32628-0897

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1508366**

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOLIFIELD, E G
 MARVIN MARTIN RD
 CROSS CITY FL 32628

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

TITLE **D** Delete
 NAME **FOUNTAIN, DR. FRITZ M**
 STREET ADDRESS **P.O. BOX 478 N/A**
 CITY-ST-ZIP **CROSS CITY FL 32628-0476**

TITLE Change Addition
 NAME **D Holifield E.G.**
 STREET ADDRESS **Marvin Martin Rd.**
 CITY-ST-ZIP **Cross City, FL 32628**

TITLE **D** Delete
 NAME **JONES, MR. LLOYD**
 STREET ADDRESS **P.O. BOX 34 N/A**
 CITY-ST-ZIP **CROSS CITY FL 32628-0034**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **T** Delete
 NAME **VALENTINE, MR. JOHN**
 STREET ADDRESS **P.O. BOX 414 N/A**
 CITY-ST-ZIP **CROSS CITY FL 32628-0414**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **Holifield, E.G.**
 STREET ADDRESS **Marvin Martin Rd.**
 CITY-ST-ZIP **Cross City, FL 32628**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE 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: *Beth B. Lambert*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/2001

Date

(52) 488-5107

Daytime Phone #

CR2E037 (10/00)