

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N96000003550

**FILED**  
**Jan 07, 2004**  
**Secretary of State**

**Entity Name:** FIRST BAPTIST CHURCH OF CROSS CITY, INC.

**Current Principal Place of Business:**

US 19N / PINWOOD DR  
CROSS CITY, FL 32628

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 897  
CROSS CITY, FL 326280897

**New Mailing Address:**

**FEI Number:** 59-1508366      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HOLIFIELD, E G  
MARVIN MARTIN RD  
CROSS CITY, FL 32628      US

**Name and Address of New Registered Agent:**

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:**

Title: D      ( ) Delete  
Name: HOLIFIELD, E.G.  
Address: MARVIN MARTIN RD  
City-St-Zip: CROSS CITY, FL 32628

Title: D      ( ) Delete  
Name: JONES, MR. LLOYD  
Address: P.O. BOX 34 N/A  
City-St-Zip: CROSS CITY, FL 326280034

Title: T      ( ) Delete  
Name: VALENTINE, MR. JOHN  
Address: P.O. BOX 414 N/A  
City-St-Zip: CROSS CITY, FL 326280414

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T      ( ) Change (X) Addition  
Name: LAMBERT, BETH  
Address: HC 3 BOX 306  
City-St-Zip: OLD TOWN,, FL 32680

I hereby certify that the information supplied with this filing does not qualify for the 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 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: BETH LAMBERT

AA

01/07/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date