


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 01, 2005 08:00 AM
Secretary of State

DOCUMENT # N96000003550 1. Entity Name FIRST BAPTIST CHURCH OF CROSS CITY, INC.	
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Principal Place of Business US 19N / PINWOOD DR CROSS CITY FL 32628	Mailing Address P.O. BOX 897 CROSS CITY FL 32628-0897
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1st MOORE CR2E037 (10/04)

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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4. FEI Number 59-1508366	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HOLIFIELD, E G MARVIN MARTIN RD CROSS CITY FL 32628

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 <i>Beth S Lambert</i>	Administrative Assistant	DATE <i>1/25/05</i>
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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
Due By May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE	<input checked="" type="checkbox"/> D <input type="checkbox"/> Delete HOLIFIELD, E.G. STREET ADDRESS MARVIN MARTIN RD CITY - ST - ZIP CROSS CITY FL 32628
TITLE	<input checked="" type="checkbox"/> D <input type="checkbox"/> Delete JONES, MR. LLOYD STREET ADDRESS P.O. BOX 34 N/A CITY - ST - ZIP CROSS CITY FL 32628-0034
TITLE	<input checked="" type="checkbox"/> T <input type="checkbox"/> Delete VALENTINE, MR. JOHN STREET ADDRESS P.O. BOX 414 N/A CITY - ST - ZIP CROSS CITY FL 32628-0414
TITLE	<input checked="" type="checkbox"/> T <input type="checkbox"/> Delete LAMBERT, BETH STREET ADDRESS HC 3 BOX 306 CITY - ST - ZIP OLD TOWN, FL 32680
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY - ST - ZIP
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U00000209144
02/02/05-80027-002 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:	<i>Beth Lambert</i> Beth Lambert	DATE <i>1/26/05</i>	352-498-5107
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #