

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000003550

FILED
Jan 11, 2006
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:

16024 SW HIWY. 19
CROSS CITY, FL 32628

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

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

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

AD.A

01/11/2006

Electronic Signature of Signing Officer or Director

_____ Date