


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 16, 2007 08:00 AM
Secretary of State

DOCUMENT # N96000003550

1. Entity Name
FIRST BAPTIST CHURCH OF CROSS CITY, INC.



Principal Place of Business
**16024 SW HIWY. 19
CROSS CITY, FL 32628**

Mailing Address
**P.O. BOX 897
CROSS CITY, FL 32628-0897**



01032007 No Chg-NP CR2E037 (4/06)

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

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

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

000000633002
02/28/07-80009-008 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLIFIELD, E.G. MARVIN MARTIN RD CROSS CITY, FL 32628
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, MR. LLOYD P.O. BOX 34 N/A CROSS CITY, FL 326280034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T VALENTINE, MR. JOHN P.O. BOX 414 N/A CROSS CITY, FL 326280414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LAMBERT, BETH HC 3 BOX 306 OLD TOWN,, FL 32680
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 Lambert **1/03/07** **352-498-5107**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #