



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

**FILED**  
**Mar 28, 2007 8:00 am**  
**Secretary of State**

03-28-2007 90009 012 \*\*\*\*70.00

|  |  |   |   |   |  |
|--|--|---|---|---|--|
| <b>DOCUMENT # N99000005314</b>   |  |   |   |                    |  |
| 1. Entity Name<br>FIRST BAPTIST CHURCH OF CRESTVIEW, INC.  |  |   |   |   |  |
| Principal Place of Business<br>102 EAST CEDAR AVENUE<br>CRESTVIEW, FL 32536  |  | Mailing Address<br>798 PEARL ST., NORTH<br>CRESTVIEW, FL 32536                                      |   | <p>40043315</p>   |  |
| 2. Principal Place of Business - No P.O. Box #   |  | 3. Mailing Address  |   |   |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.   |   |   |  |
| City & State   |  | City & State  |   | 03132007 Chg-NP CR2E037 (12/06)   |  |
| Zip  |  | Country   |   | 4. FEI Number<br>59-0737873   |  |
|  |  |   |   | Applied For<br>Not Applicable   |  |
|  |  |   |   | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required |  |
| 6. Name and Address of Current Registered Agent  |  |   | 7. Name and Address of New Registered Agent   |   |  |
| HOUSE, JAKE<br>798 PEARL STREET, NORTH<br>CRESTVIEW, FL 32536  |  |   | Name <u>HAYWARD DAVIS</u><br>Street Address (P.O. Box Number is Not Acceptable)<br><u>798 PEARL ST., NORTH</u><br>City <u>CRESTVIEW</u> <u>FL</u> Zip Code <u>32536</u> |   |  |
| 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 <u>Hayward Davis</u><br><small>Signature, typed or printed name of registered agent and title if applicable</small>  |  | <u>HAYWARD DAVIS</u><br><small>(NOTE: Registered Agent signature required when reinstating)</small> |   | <u>3-22-07</u><br><small>DATE</small>   |  |
| <b>Filing Fee is \$61.25 Due by May 1, 2007</b>  |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>                    |   | <b>\$5.00 May Be Added to Fees</b>  |  |
|  |  |   |   | <b>Make check payable to Florida Department of State</b>  |  |
| 10. OFFICERS AND DIRECTORS   |  |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | CD<br>HOUSE, JAKE<br>798 PEARL ST., N<br>CRESTVIEW, FL 32536     | <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | CD<br>HAYWARD DAVIS<br>798 PEARL ST., NORTH<br>CRESTVIEW, FL 32536                                  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VCD<br>HAYWARD, DAVIS<br>798 PEARL ST. N<br>CRESTVIEW, FL 32536  | <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VCD<br>SIM BUSH<br>798 PEARL ST, NORTH<br>CRESTVIEW, FL 32536                                       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | T<br>BUSH, JIM<br>798 PEARL ST., N<br>CRESTVIEW, FL 32536        | <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | T<br>JEFF BARBER<br>798 PEARL ST, NORTH<br>CRESTVIEW, FL 32536                                      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | AT<br>BOYKIN, MARILYN<br>798 PEARL ST., N<br>CRESTVIEW, FL 32536 | <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 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: <u>Hayward Davis</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |  | <u>HAYWARD DAVIS</u>  |   | <u>3/22/07</u><br><small>Date</small>   |  |
|  |  |   |   | <u>682-2544</u><br><small>Daytime Phone #</small>   |  |