

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 04, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N99000005314**

1. Entity Name  
**FIRST BAPTIST CHURCH OF CRESTVIEW, INC.**



Principal Place of Business  
**102 EAST CEDAR AVENUE  
CRESTVIEW, FL 32536**

Mailing Address  
**798 PEARL ST., NORTH  
CRESTVIEW, FL 32536**



01252008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-0737873**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**DAVIS, HAYWARD  
798 PEARL STREET, NORTH  
CRESTVIEW, FL 32536**

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	CD
NAME	DAVIS, HAYWARD
STREET ADDRESS	798 PEARL ST., N
CITY-ST-ZIP	CRESTVIEW, FL 32536
TITLE	VCD
NAME	BUSH, JIM
STREET ADDRESS	798 PEARL ST. N
CITY-ST-ZIP	CRESTVIEW, FL 32536
TITLE	T
NAME	BARBER, JEFF
STREET ADDRESS	798 PEARL ST., N
CITY-ST-ZIP	CRESTVIEW, FL 32536
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000813320  
02/12/08-80084-010 70.00

**DO NOT WRITE  
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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-31-08**

Date

**850-682-2544**

Daytime Phone #